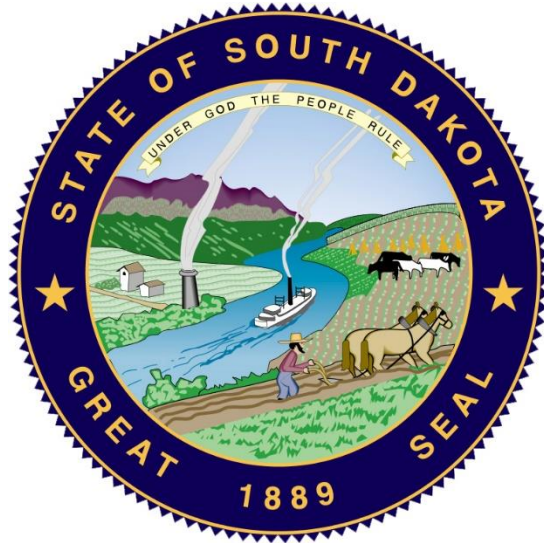


South Dakota



Promoting Interoperability State Level Repository (SLR) Guide Eligible Professional

Program Year 2020

October 2020

Version 1

Table of Contents

Disclaimer	5
Background	6
Introduction.....	7
Eligibility.....	8
Out of State Providers.....	9
Establishing Patient Volume	9
Patient Encounters Methodology	9
Definition of an Eligible Professional Encounter.....	10
Definition of a “Needy Individual” Encounter	10
Group Practices	10
Payment Methodology for EPs	11
Payment for Eligible Professionals.....	11
Provider Registration	12
Provider Attestation Process and Validation	12
Incentive Payments	13
Program Integrity	13
Accessing State Level Repository	14
SDSLR Sign-in Screen.....	14
SDSLR Home Screen	15
CMS/NLR Screen	16
Provider Eligibility Details	17
Service Locations	18
Multiple Service Locations	19
Change/ Delete an Existing Service Location Entry	19
CEHRT Details	22
Meaningful Use Questionnaire Screen	24
EP Requirements for Meaningful Use Measures for Program Year 2020	26
Meaningful Use Measure Menu Screen.....	26
Objective 1- Protect Patient Health Information.....	27
Objective 2- Electronic Prescribing.....	28
Objective 3- Clinical Decision Support.....	30

Objective 4- Computer Provider Order Entry (CPOE)	31
Objective 5- Patient Electronic Access to Health Information.....	33
Objective 6- Coordination of Care through Patient Engagement.....	35
Objective 7- Health Information Exchange	37
Objective 8- Public Health and Clinical Registry Reporting	40
Measure 8-1: Immunization Registry Reporting	41
Measure 8-2: Syndromic Surveillance Reporting	43
Measure 8-3: Electronic Case Reporting.....	45
Measure 8-4: Public Health Registry Reporting.....	47
Measure 8-5: Clinical Data Registry Reporting.....	49
CQM Selection Screen.....	51
CMS ID 75v8: Children Who Have Dental Decay or Cavities.....	54
CMS ID 122v8: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	55
CMS ID 133v8: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery.....	56
CMS ID 159v8: Depression Remission at Twelve Months	57
CMS ID 165v8: Controlling High Blood Pressure	58
CMS ID 771v1: International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia.....	59
CMS ID 2v9: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	60
CMS ID 50v8: Closing the Referral Loop: Receipt of Specialist Report.....	61
CMS ID 56v8: Functional Status Assessment for Total Hip Replacement.....	62
CMS ID 66v8: Functional Status Assessment for Total Knee Replacement.....	63
CMS ID 68v9: Documentation of Current Medications in the Medical Record.....	64
CMS ID 90v9: Functional Status Assessment for Congestive Heart Failure	65
CMS ID 125v8: Breast Cancer Screening	66
CMS ID 128v8: Anti-Depressant Medication Management	67
CMS ID 129v9: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients.....	68
CMS ID 136v9: Follow-Up Care for Children Prescribed ADHD Medication (ADD)	69
CMS ID 137v8: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment.....	70

CMS ID 139v8: Falls: Screening for Future Fall Risks.....	71
CMS ID 142v8: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	72
CMS ID 146v8- Appropriate Testing for Children with Pharyngitis	73
CMS ID 153v8: Chlamydia Screening for Women.....	74
CMS ID 154v8: Appropriate Treatment for Children with Upper Respiratory Infections (URI)	75
CMS ID 155v8: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents.....	76
CMS ID 156v8: Use of High-Risk Medications in Elderly.....	77
CMS ID 157v8: Oncology: Medical and Radiation – Pain Intensity Quantified	78
CMS ID 177v8: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment.....	79
CMS ID 249v2: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture.....	80
CMS ID 22v8: Preventive Care and Screening for High Blood Pressure and Follow-Up Documented	81
CMS ID 69v8: Preventive Care Screening: Body Mass Index (BMI) Screening and Follow-Up Plan.....	82
CMS ID 74v9: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	83
CMS ID 117v8: Childhood Immunization Status.....	84
CMS ID 124v8: Cervical Cancer Screening.....	85
CMS ID 127v8: Pneumococcal Vaccination Status for Older Adults	86
CMS ID 130v8: Colorectal Cancer Screening	87
CMS ID 131v8: Diabetes: Eye Exam.....	88
CMS ID 134v8: Diabetes: Medical Attention for Nephropathy	89
CMS ID 135v8: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	90
CMS ID 138v8: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention.....	91
CMS ID 143v8: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	92
CMS ID 144v8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	93

CMS ID 145v8: Coronary Artery Disease (CAD): Beta Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%).....	94
CMS ID 147v9: Preventive Care and Screening: Influenza Immunization.....	95
CMS ID 149v8: Dementia: Cognitive Assessment	96
CMS ID 161v8: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	97
CMS ID 347v3: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	98
CMS ID 349v2: HIV Screening	99
CMS ID 645v3: Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	100
Pre-Attestation Summary.....	101
Meaningful Use Measure Summary	102
Public Health Measure Summary.....	104
Clinical Quality Measure Summary	106
Documentation Upload	107
Demonstration of Meaningful Use	108
Attestation Statement Screen	109
Successful Submission.....	111
Post Attestation Summary	112
Meaningful Use Measure Summary-Post Attestation.....	113
Public Health Measure Summary- Post Attestation	115
Clinical Quality Measure Summary	117
View All Payment Years	118
Alternate Contact Information	119
Issues and Concerns	120
Documentation Upload	121
Additional Resources.....	122
Email to the Promoting Interoperability Program	123
Contact SD SLR Help Desk.....	124
SLR Provider Guides.....	125

Disclaimer

The pages that follow in this State Level Repository (SLR) Guide for Eligible Professionals (EPs) are intended to provide information to assist with completion of an Eligible Professional attestation to the South Dakota (SD) Promoting Interoperability (PI) Program. The SD PI Program is administered by the Department of Social Services (DSS). **However, it is important to note that this SLR Guide is not, nor is it intended to be, the full source of information about the requirements of the PI Program. It is the responsibility of the provider who is attesting to the DSS PI Program to be acquainted with the requirements of the PI Program Final Rules and the State Medicaid HIT Plan (SMHP).**

Background

The Centers for Medicare and Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH), including critical access hospitals (CAH), participating in Medicare and Medicaid programs that are Meaningful users of certified Electronic Health Records (EHR) technology. The incentive payments are not a reimbursement but are intended to encourage EPs and EHs to adopt, implement, or upgrade certified EHR technology and use it in a meaningful manner.

The use of a certified EHR system is required to qualify for incentive payments. The Office of the National Coordinator for Health Information Technology (ONC) has issued rules defining certified EHR systems and has identified entities that may certify systems. More information about this process is available at <https://www.healthit.gov/>.

Goals for the national program include:

- Enhance care coordination and patient safety
- Reduce paperwork and improve efficiencies
- Facilitate electronic information sharing across providers, payers, and state lines
- Enable data sharing using state Health Information Exchange (HIE) and the National Health Information Network (NHIN).

Achieving these goals will improve health outcomes, facilitate access, simplify care, and reduce costs of healthcare nationwide. In 2017, the program was renamed to the Promoting Interoperability (PI) Program to reflect CMS' commitment to improving interoperability and patients' access to health information.

Before registering and attesting at the State level, both EPs and EHs are required to be registered at the national level with the Medicare and Medicaid Registration and Attestation System. This is CMS's official website for the Promoting Interoperability Program and can be found at <http://www.cms.gov/EHRIncentivePrograms/>. The site provides both general and detailed information on the programs which includes information on the path to payment, eligibility, Meaningful Use, certified EHR technology, and Frequently Asked Questions.

Introduction

The SD Promoting Interoperability Program will provide incentive payments to EPs as they demonstrate Meaningful Use of certified EHR technology through meeting Meaningful Use measures and objectives.

Resources:

- Medicare and Medicaid Programs; Promoting Interoperability Program Final Rules located at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html>
- SD Medicaid EHR Application Portal located at <https://sdsir.healthtechsolutions.com/>
- Medicare and Medicaid Promoting Interoperability Program at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Office of the National Coordinator for Health Information Technology located at <https://www.healthit.gov/>

Eligibility

Eligible Professionals must have begun the program no later than Program Year 2016. Beginning in Program Year 2017, no first-year participants can complete attestations for the Promoting Interoperability Program.

The first tier of provider eligibility for the DSS Promoting Interoperability Program is based on provider type and specialty. If the provider type and specialty for the submitting provider in the SD Medicaid Management Information System (MMIS) provider data store does not correspond to the provider types and specialties approved for participation in the DSS Promoting Interoperability Program, the Provider will receive an error message with a disqualification statement.

At this time, CMS has determined that the following Providers are potentially eligible to enroll in the DSS Promoting Interoperability Program:

- Physicians*
- Nurse Practitioner
- Certified Nurse Midwife
- Dentist
- Physician Assistant (PA) who furnishes services in a Federally Qualified Health Center (FQHC), Indian Health Clinic (IHS), or Rural Health Center (RHC) that is led by a PA.
 - An FQHC or RHC is considered to be PA led in the following instances:
 - The PA is the primary provider in a clinic (e.g., part time physician and full time PA in the clinic); or
 - The PA is the clinical or medical director at a clinical site of the practice; or
 - The PA is the owner of a clinic

*In the South Dakota, this includes MDs, and DOs

Additional requirements for the EP

For each year the EP seeks incentive payment, the EP must not be hospital-based, nor meet the exclusion for hospital-based, and must meet one of the following Patient Volume criteria:

- Have a minimum of 30 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services **or**
- Have a minimum 20 percent Patient Volume attributable to individuals receiving TXIX Medicaid funded services, **and** be a pediatrician **or**
- Practice predominantly in a FQHC, RHC, or Indian Health Services (IHS) and have a minimum 30 percent Patient Volume attributable to “needy individuals”
- Patient Volume counts must be from at least one service location that has certified EHR technology.
- Have no sanctions and/or exclusions

An individual EP may choose to receive the incentive him/herself or assign it to a Medicaid contracted clinic or group to which he/she is associated. The Tax Identification Number (TIN) of the individual or entity receiving the incentive payment is required when registering with CMS and must match a TIN linked to the individual provider in the SD MMIS system.

Qualifying Providers by Type and Patient Volume

Program Entity	Percent Patient Volume over Minimum 90-days	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC, RHC, or IHS meeting 30% “needy individual” Patient Volume threshold
Pediatricians	20%	
Dentists	30%	
Optometrists	30%	
Physician Assistants when practicing at an FQHC/RHC led by a Physician Assistant	30%	
Nurse Practitioners	30%	

Out of State Providers

The DSS Promoting Interoperability Program welcomes any out-of-state Provider to participate in this program as long as they have at least one physical location in the South Dakota. However, the South Dakota must be the only state from which they are requesting an incentive payment during that participation year. For auditing purposes, out-of-state Providers must make available any and all records, claims data, and other data pertinent to an audit by either the DSS Promoting Interoperability Program or CMS. Records must be maintained, as applicable by law, in the state of practice or in the South Dakota, whichever is deemed longer.

Establishing Patient Volume

A SD Eligible Professional must annually meet Patient Volume requirements of DSS Promoting Interoperability Program as established through the State’s CMS approved State Medicaid Health IT Plan (SMHP). The patient funding source identifies who can be counted in the Patient Volume: Title XIX (TXIX) – Medicaid and Title XXI (TXXI) – CHIP. All EPs (except EPs predominantly practicing in an FQHC/RHC/IHS will calculate Patient Volume based on TXIX Medicaid and out-of-state Medicaid patients. The EHR statute allows for an EP practicing predominantly in an FQHC, RHC, or IHS to consider CHIP patients under the “needy individual” Patient Volume requirements.

Patient Encounters Methodology

EPs (except those practicing predominantly in an FQHC/RHC/IHS) calculate TXIX Medicaid Patient Volume by dividing the total TXIX Medicaid, encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

EPs practicing predominantly in an FQHC/RHC/IHS calculate “needy individual” Patient Volume by dividing the total “needy individual” patient encounters in any representative, continuous 90-day period in the preceding calendar year by the total patient encounters in the same continuous 90-day period.

Definition of an Eligible Professional Encounter

For purposes of calculating EP Patient Volume, an encounter is defined as:

- Services rendered on any one day to an individual where South Dakota or another State's Medicaid program paid for:
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service
- Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, co-payments, and/or cost-sharing

Beginning in Program Year 2013, for purposes of calculating EP Patient Volume, a Medicaid encounter was defined as services rendered to an individual on any one day where:

- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid (or a Medicaid demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, and cost-sharing
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

Definition of a "Needy Individual" Encounter

For purposes of calculating Patient Volume for an EP practicing predominantly in an FQHC/RHC/IHS, a "needy individual" encounter is defined as services rendered on any one day to an individual where medical services were:

- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid for part or all of the service
- Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Act) paid all or part of the individual's premiums, co-payments, or cost-sharing
- Services rendered to an individual on any one day were furnished at no cost (excluding bad debt) or the services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay
- The individual was enrolled in a Medicaid program (or a Medicaid demonstration project approved under section 1115 of the Act) at the time the billable service was provided

Group Practices

Clinics or group practices will be permitted to calculate Patient Volume at the group practice/clinic level, but only in accordance with all of the following limitations:

- The clinic's or group practice's Patient Volume is appropriate as a Patient Volume methodology calculation for the EP
- There is an auditable data source to support the clinic's or group practice's Patient Volume determination
- All EPs in the group practice or clinic must Use the same methodology for the payment year
- The clinic or group practice uses the entire practice or clinic's Patient Volume and does not limit Patient Volume in any way
- If an EP works inside and outside of the clinic or practice, the Patient Volume calculation includes only those encounters associated with the clinic or group practice and not the EP's outside encounters

Payment Methodology for EPs

The maximum incentive payment an EP could receive equals \$63,750 over a period of six years, or \$42,500 for Pediatricians attesting to a 20-29 percent Medicaid Patient Volume as shown below.

Provider	EP	EP-Pediatrician
Patient Volume	30 Percent	20-29 Percent
Year 1	\$21,250	\$14,166.67
Year 2	8,500	5,666.67
Year 3	8,500	5,666.67
Year 4	8,500	5,666.67
Year 5	8,500	5,666.67
Year 6	8,500	5,666.65
Total Incentive Payment	\$63,750	\$42,500

Since Pediatricians are qualified to participate in the South Dakota Medicaid EHR incentive program as Physicians, and therefore classified as EPs, they may qualify to receive the full incentive if the Pediatrician can demonstrate that they meet the minimum 30 percent Medicaid Patient Volume requirements.

Payment for Eligible Professionals

EP payments will be made in alignment with the calendar year and an EP must begin receiving incentive payments no later than 2016 to participate in later Program Years. EPs will assign the incentive payments to a TIN in the CMS Registration Module. The TIN must be associated in the SD MMIS system with either the EP him/herself or a group or clinic with whom the EP is affiliated. EPs who assign payment to themselves (and not a group or clinic) will be required to provide SD Medicaid with updated information.

For each year a Provider wishes to receive a Medicaid incentive payment, determination must be made that he/she was a meaningful user of EHR technology during that year. Medicaid EPs are not required to participate on a consecutive annual basis, however, the last year the EP can receive payments is 2021.

Currently, all Providers are required to submit a valid NPI as a condition of SD Medicaid provider enrollment. Each EP will be enrolled as a Medicaid Provider and will therefore, without any change in process or system modification, meet the requirement to receive an NPI. DSS performs a manual National Plan and Provider Enumeration System (NPPES) search to validate NPIs during the enrollment process.

In the event DSS determines money has been paid inappropriately, incentive funds will be recouped and refunded to CMS.

Provider Registration

Since we are beyond program year 2016, no new providers may begin the Medicaid EHR Incentive program. You may log in directly to the SD State Level Registry (SLR) to attest for Meaningful Use using the link [SDSLR](#).

Providers must revisit the CMS Registration Module to make any changes to their information and/or choices, such as changing the state program from which they want to receive their incentive payment or to update the NPI/TIN for which the payment should be assigned. After the initial registration, the provider does not need to return to the CMS Registration Module before seeking annual payments unless information needs to be updated. CMS' official Web site for the Medicare and Medicaid EHR Incentive Programs can be found at <http://www.cms.gov/EHRIncentivePrograms/>.

The CMS Registration Module has assigned the EP a CMS Registration Number and will electronically notify DSS of an EP's choice to access the SD SLR for attestation and payment. The CMS Registration Number will be needed to complete the attestation in the SD SLR system. On receipt of the registration transactions from CMS, two basic validations take place at the state level:

- Validate that the NPI in the transaction is on file in the SD MMIS system
- Validate that the EP is a participating provider with DSS

If either of these conditions are not met, a message will be automatically sent back to the CMS Registration Module indicating the Provider is not eligible. Providers may check back at the CMS Registration Module to determine if the registration has been accepted.

Per 42 CFR Part 495, new participants are no longer allowed in the Promoting Interoperability Program, therefore registrations for Payment Year 1 EPs will be deemed ineligible automatically upon SD SLR receiving their registration data from CMS.

Provider Attestation Process and Validation

DSS will utilize the secure SD SLR to house the attestation system. The following is a description, by EP type, of the information that a provider will have to report or attest to during the process.

- After registering for the incentive program with the CMS Registration Module (at <https://ehrincentives.cms.gov/hitech/login.action>), the EP will be asked to provide their NPI and CMS-assigned Registration Identifier to access the SDSLRL.
- The EP will then be asked to view the information that will be displayed with the pre-populated data received from CMS (if the provider entry does not match, an error message with instructions will be returned).
- EPs will then enter two categories of data to complete the Eligibility Provider Details screen including 1) Patient Volume characteristics and 2) EHR details.
- The EP will be asked to attest to:
 - Review the Provider and TIN entered in the CMS Registration Module and confirm assignment of the incentive payment to a specific TIN (only asked if applicable)
 - Not working as a hospital-based professional (this will be verified through claims analysis)
 - Not applying for an incentive payment from another state
 - Not applying for an incentive payment under another DSS ID
 - Meaningful Use of certified EHR technology
- The EP will be required to answer yes/no and numerator and denominator questions

- supporting Meaningful Use, public health registry reporting, and clinical quality measures.
- The EP will be asked to electronically sign the attestation
- The EP enters his/her initials and NPI on the Attestation screen.
- If a staff member is completing the attestation on behalf of the EP, they will be asked to identify themselves.
- Any staff member completing the attestation on behalf of the EP will be asked to enter his or her name.

Incentive Payments

An incentive payment can be approved upon completion of the attestation process including submission of the electronic attestation and receipt of required documentation and validation by DSS.

Program Integrity

DSS will be conducting regular reviews of attestations and incentive payments. These reviews will be selected as part of the current audit selection process including risk assessment, receipt of a complaint, or inclusion into reviews selected for other objectives. Providers should be sure to retain all supporting documentation for ten (10) years from the date of attestation.

Accessing State Level Repository

The EP will begin the DSS Promoting Interoperability Program registration process by accessing the SD SLR system at [SDSLR](#) (sign-in screen shown below).

SDSLR Sign-in Screen

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

South Dakota Medicaid Promoting Interoperability Program

Welcome to the South Dakota State Level Repository (SLR)

The Centers for Medicare & Medicaid Services (CMS) has implemented, through provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), incentive payments to eligible professionals (EP) and eligible hospitals (EH) participating in Medicare and Medicaid programs that are meaningful users of certified electronic health record (EHR) technology. The incentive payments are not a reimbursement but are intended to encourage EPs and EHs to adopt, implement, or upgrade (AIU) to certified EHR technology and use it in a meaningful manner.

The South Dakota Medicaid State Level Repository (SLR) is designed for eligible professionals (EP) and eligible hospitals (EH) to attest to meeting the requirements for the SD Medicaid Promoting Interoperability (PI) Program. The SD Medicaid PI Program is administered by South Dakota Department of Social Services (DSS).

Already registered with CMS?

Please enter your NPI and CMS Registration ID in the fields provided to access the SD Medicaid SLR. If you do not know your CMS Registration ID, please return to your CMS registration to retrieve that ID; or, contact the CMS EHR Information Center for assistance: (888) 734-6433.

Please enter your NPI

Please enter your CMS Registration ID

Need to modify an existing registration with CMS' Registration and Attestation System?

Please visit <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Users working on behalf of an eligible provider for registration and/or attestation must have a CMS Identity and Access Management System (I&A) Web user account (User ID/Password), and be associated to the provider's NPI. In absence of a CMS I&A account, an individual may not act as a surrogate user on behalf of the provider for registration or attestation.

Resources

Need help with CMS registration?
 CMS EHR Information Center: (888) 734-6433.
 CMS Official User Guides: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Need help with attestation with the SD Medicaid Promoting Interoperability Program? medicaidEHR@state.sd.us

Need information about the Medicare and Medicaid PI Programs? <https://www.cms.gov/EHRIncentivePrograms>

Need information about the SD Medicaid PI Program? <https://dss.sd.gov/medicaid/providers/incentiveprogram/>

The EP will enter the NPI registered on the CMS Registration Module and the CMS- assigned Registration Identifier that was received in the confirmation email from CMS. If you have forgotten your CMS registration ID then you may obtain it by accessing you CMS account at <https://ehrincentives.cms.gov/hitech/login.action>

If the data submitted by the EP matches the data received from CMS, the CMS/NLR Provider Demographics Screen will display with data pre-populated from the CMS Registration Module. If the EP entry does not match, an error message with instructions will be returned.

Navigation:

Submit – Routes the EP to the SLR Home Screen

SDSLR Home Screen

Upon successful login to the SLR application EPs will view the home screen below. Here the EP will select the Program Year they wish to attest to and begin their attestation process.

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South Dakota Department of Social Services

NPI: 1234567800

SLR Home: Test Doc (Year 2 Attestation) [Home](#) [Logout](#)

Navigation Links:
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[Email SD PI Program](#)
[Email SD SLR Help Desk](#)
[SLR Provider Guides](#)

Messages and Announcements

PI Program Payment Details

Payment Year	Payee Name	Payee NPI	Payment Amount	Payment Date	Payment Type
1	AZ	1234567890	21250.00	01/25/2016	Transfer - AZ

Provider Information

You are currently enrolled in the SD Medicaid Promoting Interoperability Program
 The current status of your application for the second year payment is 'AWAITING PROVIDER ATTESTATION'
 The program year(s) currently available for attestation: 2020

Select one of the following Actions:
****If you are beginning a new attestation you will also need to select a program year.**

Program Year	Payment Year	Status	Action
2020	2	Attest_inProcess	Begin/Modify Attestation

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/intheprogram/>

Navigation:

View/View Attestation – Routes the EP to the CMS Registration/DSS Data page of the completed attestation

Begin/Modify Attestation – Routes the EP to the CMS Registration/DSS Data page of the completed attestation

CMS/NLR Screen

The CMS/NLR Registration page includes details carried over from the EPs registration at the CMS portal. This information cannot be edited from the SD SLR portal. In the instance incorrect information is displayed, the provider should go back to their CMS registration and make the correct modification and resubmit for the information to be updated in the SLR application.

In addition to the registration details there is also a section for providers to confirm their individual Taxonomy number. This piece of information is necessary for the incentive payment process will be confirmed by SD staff during the prepayment verifications processes.

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South Dakota Department of Social Services

NPI: 1234567800

CMS Registration / SD Medicaid Data (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

You are currently enrolled in the SD Medicaid Promoting Interoperability Program
The current status of your application for the second year payment is 'AWAITING PROVIDER ATTESTATION'

CMS Registration Data

Applicant National Provider Identifier (NPI):	1234567800	Name:	Test Doc
Applicant TIN:	111111111	Address 1:	1325 Test St
Payee National Provider Identifier (NPI):	1234567890	Address 2:	Suite 101
Payee TIN:	123456789	City/State:	Test / SD
Program Option:	MEDICAID	Zip Code:	57105-0000
Medicaid State:	SD	Phone Number:	5555555555
Provider Type:	Physician	Email:	amy@healthtechsolutions.com
Participation Year:	2	Specialty:	
Federal Exclusions:	<input type="checkbox"/>	State Rejection Reason:	None
Rejection Reason State:	None	Rejection Reason Date:	None

*** If any of the above information is incorrect, please return to the CMS Registration and Attestation System to correct it.

SD Medicaid Data

In the field below please provide your taxonomy code below. If you use more than one taxonomy code, then enter the taxonomy code that best describes your provider type/classification/specialization that should be used for your incentive payment.

Taxonomy Code: * 1222222222

[Previous](#) [Next](#) [Save](#)

Navigation

Previous – Returns the EP to the CMS Registration/LA Medicaid Data Screen

Next – Routes the EP to the Provider Eligibility Screen

Save – Saves the data

Provider Eligibility Details

As part of attestation, providers must meet defined thresholds for Medicaid patient volume. EPs must enter the following details concerning their patient volume:

- Indicate if your Patient Volume was calculated at a clinic or practice level
- If at the clinic level, enter the TIN of the clinic or group and the NPI associated with the clinic or group
- Select the time period for the 90-day patient volume reporting period (prior calendar year or 12 months prior to attestation)
- Select the starting date of the 90-day period to calculate the Medicaid encounter volume percentage
- Enter the Medicaid (or Needy Individuals as applicable) patient encounters during this period
- Enter the total patient encounters during this period
- Medicaid Patient Volume percentage (system calculated)
- Indicated Meaningful User to continue the application

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South Dakota Department of Social Services

NPI: 1234567800

Provider Eligibility Details (Year 2 Attestation / Program Year 2020) Home Logout

All * fields are required fields.

Patient Volume:

- Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):
- If yes, enter the TIN (FEIN) of the one legal entity:
- To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:
- Select the option that indicates the time period from which the 90-day patient volume period is derived: *
 * Prior calendar year
 * 12 months prior to attestation submission
 01/01/2019 (mm/dd/yyyy)
- Medicaid (or Needy Individual, as applicable) patient encounters during this period: *
- Total patient encounters during this period: *
- Medicaid or Needy Individual patient volume percentage: 33.00%

EHR Details:

- Indicate the status of your EHR: * ☒ Meaningful User

Navigation:

Previous – Returns to the previous screen

Next – Saves the data entered and moves to the next attestation screen

Save – Saves the data

Cancel – Removes the data entered and does not save

Service Locations

After entering the provider eligibility details, EPs are required to enter all service locations for which they practice. This screen was added to satisfy a new requirement beginning with Program Year 2013 that was established under 42 CFR 495.304 that states that at least one clinical location used in the calculation of patient volume must have a certified EHR technology (CEHRT) during the Program Year for which the eligible professional is attesting.

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Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2020)

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states that at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an EP Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Address1:

Address 2:

City:

State:

Zip Code:

ZipCode Extension:

CEHRT Location: ☐

Used in Patient Volume: ☐

Previous Next Save Cancel

Enter the number of locations in which you provide services – This is the count for the number of locations for which you see patients.

- **Address 1:** - This is the first line of the service location address, it is required
- **Address 2:** - This is the second line of the service location address, if necessary
- **City:** - This is the City for the service location address, it is required
- **State:** - This is the State for the service location address, it is required
- **Zip Code:** - This is the zip code for the service location address, it is required
- **Zip Code Extension:** - This is the zip code extension for the service location address, if necessary
- **Certified EHRT Location:** - Click to check this check box to indicate if the service location entered has Certified EHR Technology.
- **Used in Patient Volume:** - Click to check this check box to indicate if the service location entered was used in the patient volume provided on the previous screen.

*At least one service location must have CEHRT and Patient Volume checked in order to meet the requirement and continue with the attestation.

**The user must click on the 'Add' button in order to add the service location.

Multiple Service Locations

If the EP has multiple locations upon clicking 'Add' for the first service location entry the screen below will be displayed.

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NPI: 1234567800

Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2020) Home Logout

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Modify	1 Test St		Test	SD	57105		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
	456 Test Ln		Test	SD	57105		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Add

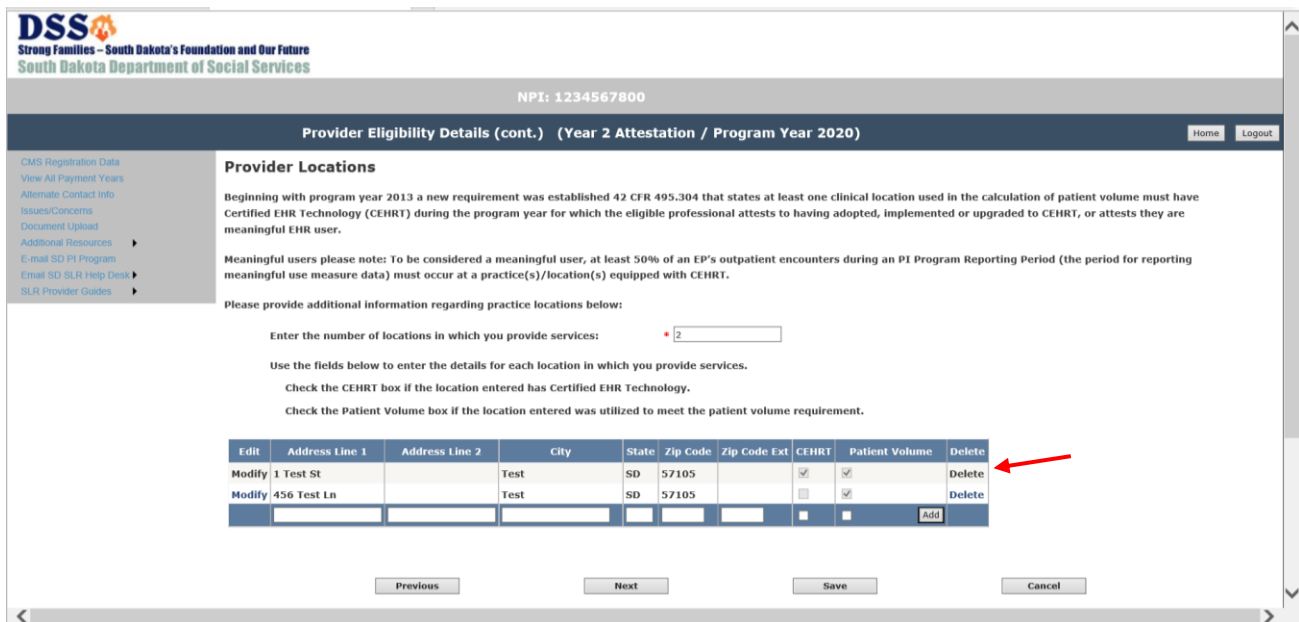
Previous Next Save Cancel

In order to add additional service locations, the EP will add the address information within the boxes listed in the grid shown above. The EP must click on the 'Add' button next to the line to add the service location.

Please note – depending on your individual screen resolution you may need to Use the grid scroll bar to scroll to the right to see the 'Add' button.

Change/ Delete an Existing Service Location Entry

In order to delete an invalid service location, the EP will need to click on the Delete link on the right end of the service locations grid as shown above. The EP will be requested to give confirmation prior to deleting the record.



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NPI: 1234567800

Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.

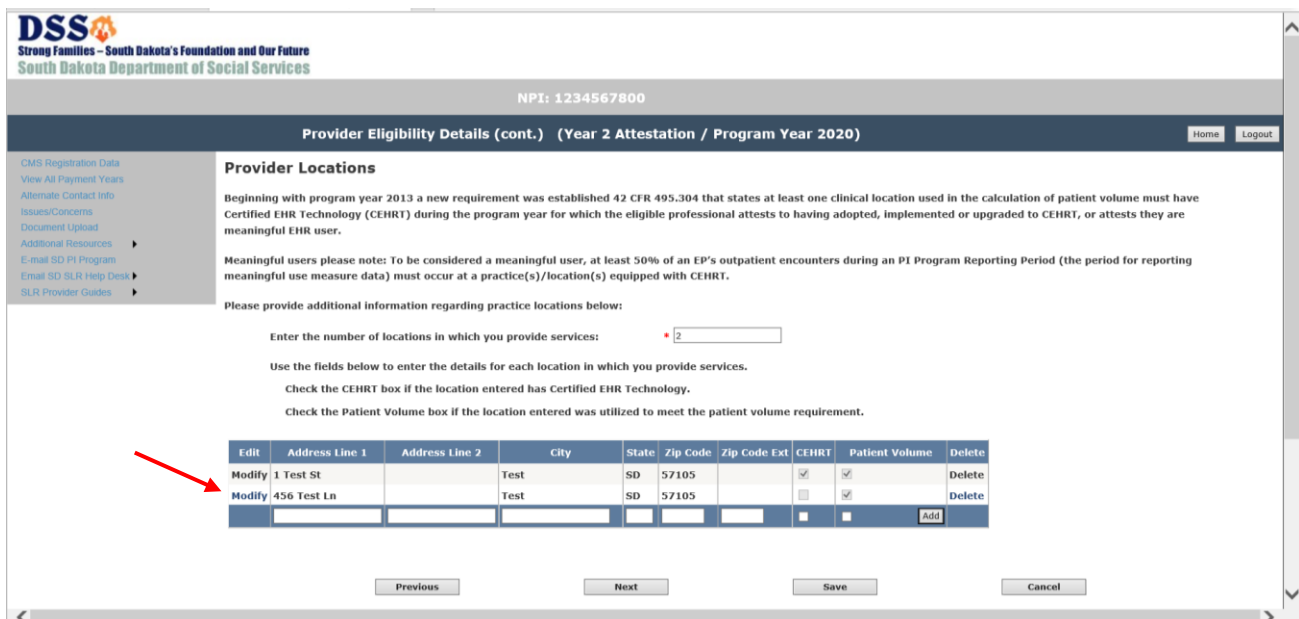
Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Modify	1 Test St		Test	SD	57105		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
Modify	456 Test Ln		Test	SD	57105		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add

[Previous](#) [Next](#) [Save](#) [Cancel](#)

In order to change an existing service location, the EP will click on the Modify link under the Edit column.



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South Dakota Department of Social Services

NPI: 1234567800

Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Modify	1 Test St		Test	SD	57105		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
Modify	456 Test Ln		Test	SD	57105		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Once the EP has clicked on 'Modify' the fields will be open for editing.

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South Dakota Department of Social Services

NPI: 1234567800

Provider Eligibility Details (cont.) (Year 2 Attestation / Program Year 2020) Home Logout

Provider Locations

Beginning with program year 2013 a new requirement was established 42 CFR 495.304 that states at least one clinical location used in the calculation of patient volume must have Certified EHR Technology (CEHRT) during the program year for which the eligible professional attests to having adopted, implemented or upgraded to CEHRT, or attests they are meaningful EHR user.

Meaningful users please note: To be considered a meaningful user, at least 50% of an EP's outpatient encounters during an PI Program Reporting Period (the period for reporting meaningful use measure data) must occur at a practice(s)/location(s) equipped with CEHRT.

Please provide additional information regarding practice locations below:

Enter the number of locations in which you provide services:

Use the fields below to enter the details for each location in which you provide services.

Check the CEHRT box if the location entered has Certified EHR Technology.

Check the Patient Volume box if the location entered was utilized to meet the patient volume requirement.

Edit	Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Ext	CEHRT	Patient Volume	Delete
Update Cancel	1 Test St		Test	SD	57105		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Modify	456 Test Ln		Test	SD	57105		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Delete
							<input type="checkbox"/>	<input type="checkbox"/>	Add

Previous Next Save Cancel

After the EP has completed their editing of the service location, they will need to select one of the following options under the edit column:

Update – This will accept the changes made to the service location

Cancel – This will cancel the changes made to the service location and return to the original entry.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data, please note: location data must be added, updated, or deleted within the navigation links/buttons. The Save button will not save an update made prior to clicking on the update button on the grid.


Cancel Button – Removes the data that has been entered by the EP

CEHRT Details

The CEHRT Details screen require all entry of all details concerning the providers certified electronic health record technology. EPs are required to enter the CMS EHR Certification ID, product ID information, and provide a brief description of their EHR technology.

CEHRT must be a complete product, or combination of multiple products, that have been certified to offer the necessary technological capacity, functionality, and security to help an EP meet the MU criteria required by the Promoting Interoperability Program. The CEHRT Details Screen requires the EP to attest to CEHRT product(s) and describe the auditable documentation/evidence that will be retained to support attestation.

Attestation in Program Year 2020 requires a 2015 Edition CEHRT pursuant to the definition of CEHRT under § 495.4.



NPI: 1234567800

CEHRT Details (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

(*) Red asterisk indicates a required field.

Certified EHR technology (CEHRT) must be a complete product, or combination of multiple products, that has been certified to offer the necessary technological capability, functionality, and security to help a provider meet the meaningful use criteria required by the Medicare and Medicaid EHR Incentive Programs. This CEHRT Details screen requires you to attest to your CEHRT product(s), and to describe the auditable documentation/evidence you will retain to support your attestation.

CMS EHR Certification ID

Enter the CMS EHR Certification ID of your certified EHR technology.
(alphanumeric ID, with letters in ALL CAPS):
For an AIU attestation, this is relative to the CEHRT you have at the time of attestation submission.
For an MU attestation, this is relative to the CEHRT from which you are reporting MU data for the MU EHR reporting period.

* [What is this?](#)

My Certified Health IT Product List

Using the data fields below, enter the Product Name and Version, Vendor Name, and CHPL Product Number for each product that comprises your CEHRT to complete "My Certified Health IT Product List." For each product you list, select "Click Here to Add Product to My CHPL" after you complete all three fields for each product.
For an AIU attestation, this is relative to the CEHRT you have at the time of attestation submission.
For an MU attestation, this is relative to the CEHRT from which you are reporting MU data for the MU EHR reporting period.

Payment Year	Sequence Number	Product Name and Version #	Vendor Name	CHPL Product Number
No uploaded product found.				

Product Name and Version # *

Vendor Name *

CHPL Product Number *

[Click Here to Add Product To My CHPL](#)

Certified EHR Technology Description

The "My CHPL" table information, and the corresponding CMS EHR Certification ID, provided on this screen must reflect information for all certified EHR technology(ies) from which you are reporting your meaningful use data for the MU PI reporting period. Reminder note for EP: An EP who practices in multiple locations must combine his or her MU data for the MU PI reporting period.

If you are a provider attesting to MU for the first time with the SD Medicaid Promoting Interoperability Program: In the text box, please enter a description of the commitment to CEHRT used for the MU PI reporting period that includes, for each product name and version in the My CHPL table, a description of the evidence [invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.] and applicable date(s).

Example (provider attesting to MU for first time with SD Medicaid Promoting Interoperability Program):
"[Organization/Provider] upgraded to 2014 Edition certified EHR technology by purchasing [myBestCEHRT, version 123] and has retained evidence of commitment to this technology through an invoice and payment receipt dated XX/XX/XXXX. The 2014 Edition CEHRT was implemented XX/XX/XXXX. Since implementation, we have upgraded to version 456 on XX/XX/XXXX.

If you are a provider returning to the SD Medicaid Promoting Interoperability Program to attest to MU:
Please review information provided in your last program year's attestation.
In the text box, describe any changes made to the CEHRT relative to this program year's MU attestation. Include for each new product listed in the My CHPL table a description of the commitment to the CEHRT, including product name and version, and evidence retained to support your description [invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.] with applicable date(s).

Example (provider returning to the SD Medicaid Promoting Interoperability Program to attest to MU):
Since my last attestation to the SD Medicaid Promoting Interoperability Program, [Organization/Provider] has changed CEHRT vendors. We are attesting with 2014 Edition certified EHR technology, [myBestCEHRT, version 123], implemented XX/XX/XXXX, and have retained evidence of commitment to this technology through an invoice and payment receipt dated XX/XX/XXXX.

*

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Navigation

Previous – Returns to the previous screen

Next – Saves the data entered and moves to the next attestation screen

Save – Saves the data

Cancel – Removes the data entered and does not save

Meaningful Use Questionnaire Screen

After entering the CEHRT details, EPs will be directed to the Meaningful Use Questionnaire screen to enter additional data prior to entering their measures.

PI Program reporting period start and end date are the dates for which the provider's Meaningful Use Measures were captured and are being reported. EPs are required to attest to a minimum of a 90-day consecutive PI Program reporting period for their Meaningful Use Measures for program year 2020.

CQM Reporting period start and end date are the dates for which the provider's Clinical Quality Measures were captured and are being reported. For program year 2020, EPs are required to attest to at least a consecutive 90-day period within the Program Year. The EP can report to a CQM reporting period that is different from their PI Program reporting period.

The following fields are required to continue with the attestation:

- **PI Program Reporting Period Start Date** – Enter the starting date for the period of time you are reporting your Meaningful Use Measure data. This date should be within the Program Year being attested.
- **PI Program Reporting Period End Date** – Enter the end date for the period of time you are reporting your Meaningful Use Measure data.
 - For Program Year 2020, the EHR reporting period will be a minimum 90-day reporting period from January 1, 2020 through December 31, 2020.
- **CQM Reporting Period Option** – This is available to all EPs who are attesting to MU for program year 2020. EPs may choose to report their CQMs for a different time period than their Meaningful Use Measures. If an EP wishes to take this option, mark the “No” radio button next to the question “Is the reporting period for your CQM submission the same period as your PI Program Reporting period listed above.” The screen will allow for entry of the following fields:
 - **CQM Reporting Start Date** - Enter the starting date for the period of time you are reporting your CQM data. This date should be within the Program Year being attested.
 - **CQM Reporting End Date** – Enter the end date for the period of time you are reporting your CQM data.
 - The CQM Reporting Period must be at least 90 days and can be up to a full year reporting period within the Program Year selected.

The additional questions below will be required if you have entered multiple provider service locations that did not indicate that CEHRT at all locations:

- **Enter the total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period:** – Enter the count of all the patients you have seen in locations that have CEHRT during the EHR reporting period entered above.
- **Enter the total number of out-patient encounters at all practice locations for the EHR reporting period:** – Enter the count of all the patients you have seen in all service locations during the EHR reporting period entered above.

All fields on this screen must be entered to continue with your attestation.

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NPI: 1234567800

Meaningful Use Questionnaire (Year 2 Attestation / Program Year 2020)

Home Logout

Meaningful Use Questionnaire

Please provide the PI Program reporting period associated with this attestation:

- PI Program Reporting Period Start Date: (mm/dd/yyyy)
- PI Program Reporting Period End Date: (mm/dd/yyyy)

Is the reporting period for your CQM submission the same period as your EHR reporting period listed above?

☐ Yes ☒ No

Please enter the start and end date for your CQM submission

- CQM Reporting Start Date: (mm/dd/yyyy)
- CQM Reporting End Date: (mm/dd/yyyy)

- Total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period:
- Total number of out-patient encounters at all practice locations for the EHR reporting period:

Previous Next Save Cancel

Navigation

Previous – Returns to the previous screen

Next – Saves the data entered and moves to the next attestation screen

Save – Saves the data

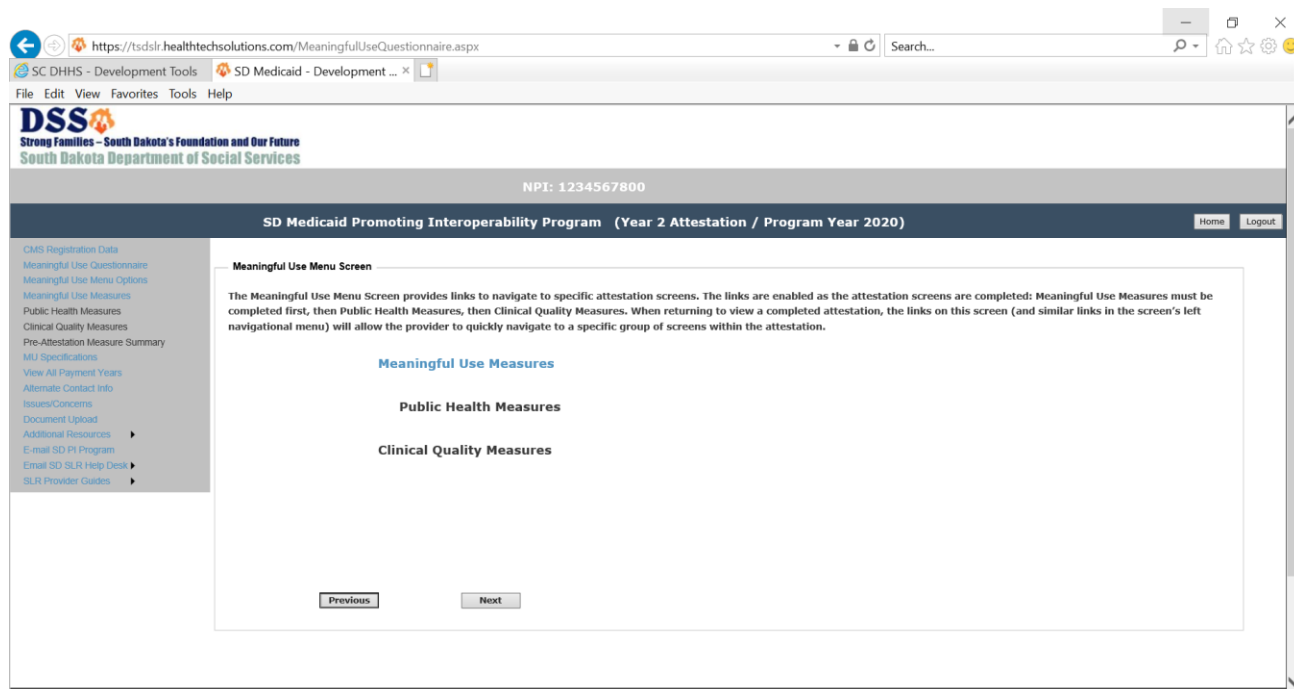
Cancel – Removes the data entered and does not save

EP Requirements for Meaningful Use Measures for Program Year 2020

Per 42 CFR 495, the final rules published by CMS, in Program Year 2020, CMS requires all providers to attest to Stage 3 Meaningful Use measures.

Meaningful Use Measure Menu Screen

The menu screen will only allow the user to select a group of measures as they are available. For example, once the Meaningful Use Measures are completed, the Meaningful Use measures menu link will be active to select.



Navigation:

Meaningful Use Measures Link – Takes the EP to the first screen of the Meaningful Use measures, active link

Public Health Measures Link - Takes the EP to the Public Health measure Selection Screen, only active after the first 9 MU measures are completed.

Clinical Quality Measures Link – Takes the EP to the CQM selection page.

Previous – Take the EP to the previous screen

Next – Takes the EP to the first Meaningful Use measure screen

Objective 1- Protect Patient Health Information

All fields must be completed before the EP will be allowed to save and continue to the next measure.

The following details other requirements of this screen:

- Please select Yes or No

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Meaningful Use Objective 1 of 7

(*) Red asterisk indicates a required field.

Protect Patient Health Information

Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

Complete the following:

* Have you conducted or reviewed your security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implemented security updates as necessary, and corrected identified security deficiencies as part of the provider's risk management process per the requirements of this measure?

☐ Yes ☐ No

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

Objective 2- Electronic Prescribing

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >60% threshold, N/D > 60%
- If an EP responds Yes to meet the exclusion criteria, then that also counts as meeting the measure
- Response to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Meaningful Use Objective 2 of 7

(*) Red asterisk indicates a required field.

Electronic Prescribing

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Complete the following:

* Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☐ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

* Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

* Do you want to claim Exclusion 2?

☐ Yes ☒ No

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

* Numerator: * Denominator:

* Which eRx service do you use?

* Name a pharmacy that you transmit to.

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

Objective 3- Clinical Decision Support

All fields must be completed before the EP will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Please select Yes or No for Measure 1
- Please select Yes or No for the exclusion for Measure 2
- Please select Yes or No for Measure 2
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

[CMS Registration Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Measures](#)
[Public Health Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[E-mail SD PI Program](#)
[Email SD SLR Help Desk](#)
[SLR Provider Guides](#)

Meaningful Use Objective 3 of 7

(*) Red asterisk indicates a required field.

Clinical Decision Support

Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure: In order for EPs to meet the objective they must satisfy both of the following measures:

Measure 1 - Clinical Decision Support

Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following:

• Have you implemented five clinical decision support interventions related to four or more CQMs or other high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period?

☒ Yes ☐ No

• Provide a brief description of the five clinical decision support interventions you implemented below:

1.

2.

3.

4.

5.

Measure 2 - Drug Interaction Checks

The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following:

Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

• Do you want to claim the exclusion for Measure 2?

☐ Yes ☒ No

• Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

☐ Yes ☐ No

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

Objective 4- Computer Provider Order Entry (CPOE)

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to continue to the next measure. The following details other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator:
 - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measure 1
 - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measures 2
 - If not excluded, the EP must meet the >60% threshold, N/D > 60% for Measures 3
 - If an EP responds Yes to the exclusion, then they have met the measure threshold
- Responses to additional questions are required

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



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South Dakota Department of Social Services

NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Memo Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Meaningful Use Objective 4 of 7

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Measure: An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:

Complete the following:

* Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
☐ This data was extracted only from patient records maintained using certified EHR technology.

Measure 1 – Medication

More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

* Do you want to claim the exclusion for Measure 1?

☐ Yes ☒ No

Numerator: The number of orders in the denominator recorded using CPOE.

Denominator: Number of medication orders created by the EP during the EHR reporting period.

* Numerator: * Denominator:

Measure 2 – Laboratory

More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

* Do you want to claim the exclusion for Measure 2?

☐ Yes ☒ No

Numerator: The number of orders in the denominator recorded using CPOE.

Denominator: Number of laboratory orders created by the EP during the EHR reporting period.

* Numerator: * Denominator:

Measure 3 – Diagnostic Imaging

More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

Exclusion: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

* Do you want to claim the exclusion for Measure 3?

☐ Yes ☒ No

Numerator: The number of orders in the denominator recorded using CPOE.

Denominator: Number of diagnostic imaging orders created by the EP during the EHR reporting period.

* Numerator: * Denominator:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


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Objective 5- Patient Electronic Access to Health Information

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet the >80% threshold, N/D > 80% for Measure 1
- If not excluded, the EP must meet the threshold >35% threshold, N/D >35% for Measure 2
- If an EP responds Yes to the exclusion, then they have met the measure threshold

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South Dakota Department of Social Services

NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

Home Logout

- [CMS Registration Data](#)
- [Meaningful Use Questionnaire](#)
- [Meaningful Use Memo Options](#)
- [Meaningful Use Measures](#)
- [Public Health Measures](#)
- [Clinical Quality Measures](#)
- [Pre-Attestation Measure Summary](#)
- [MU Specifications](#)
- [View All Payment Years](#)
- [Alternate Contact Info](#)
- [Issues/Comments](#)
- [Document Upload](#)
- [Additional Resources](#)
- [E-mail SD PI Program](#)
- [Email SD SLR Help Desk](#)
- [SLR Provider Guides](#)

Meaningful Use Objective 5 of 7

(*) Red asterisk indicates a required field.

Patient Electronic Access to Health Information

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Measure: In order for EPs to meet the objective they must satisfy both of the following measures:

Complete the following:

Exclusion 1: Any EP who has no office visits during the EHR reporting period.

Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Do you want to claim Exclusion 2?

☐ Yes ☒ No

Measure 1 - Provide timely online access to health information:

For more than 80 percent of all unique patients seen by the EP:

(1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and

(2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.

Complete the following:

Numerator: The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.

Denominator: The number of unique patients seen by the EP during the EHR reporting period.

Numerator: Denominator:

Measure 2 - Patient-Specific Education:

The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

Complete the following:

Numerator: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.

Denominator: The number of unique patients seen by the EP during the EHR reporting period.

Numerator: Denominator:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

Objective 6- Coordination of Care through Patient Engagement

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The EP must meet at least 2 of the three measures thresholds
- If an EP responds Yes to an exclusion, then they have met the measure threshold for the measure(s) that were excluded
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the thresholds for measures 1-3
 - Measure 1 >5% threshold, N/D > 5%
 - Measure 2 >5% threshold, N/D > 5%
 - Measure 3 >5% threshold, N/D > 5%
- Responses to additional questions are required

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South Dakota Department of Social Services

NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

Home

Logout

CMS Registration Data

Meaningful Use Questionnaire

Meaningful Use Memo Options

Meaningful Use Measures

Public Health Measures

Clinical Quality Measures

Pre-Attestation Measure Summary

MU Specifications

View All Payment Years

Alternate Contact Info

Issues/Concerns

Document Upload

Additional Resources

E-mail SD PI Program

E-mail SD SLR Help Desk

SLR Provider Guides

Meaningful Use Objective 6 of 7

(*) Red asterisk indicates a required field.

Coordination of Care Through Patient Engagement

Objective:

Use CEHRT to engage with patients or their authorized representatives about the patient's care.

Measure:

Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:

Complete the following:

Exclusion 1:

Any EP who has no office visits during the EHR reporting period.

Do you want to claim Exclusion 1?

☐ Yes
☒ No

Exclusion 2:

Any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Do you want to claim Exclusion 2?

☐ Yes
☒ No

Measure 1 - Patient Accessed Health Information:

More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either - (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2).

Complete the following:

Numerator:

The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Denominator:

Number of unique patients seen by the EP during the EHR reporting period.

Numerator:

Denominator:

Measure 2 - Secure Electronic Messaging:

For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Complete the following:

Numerator:

The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Denominator:

The number of unique patients seen by the EP during the EHR reporting period.

Numerator:

Denominator:

Measure 3 - Patient Generated Health data:

Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

Complete the following:

Numerator:

The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.

Denominator:

Number of unique patients seen by the EP during the EHR reporting period.

Numerator:

Denominator:

Previous

Next

Save

Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP


36 | Page

Objective 7- Health Information Exchange

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- The EP must meet at least 2 of the 3 Measures thresholds to satisfy the objective
- If an EP responds Yes to an exclusion, then they have met the measure threshold for the measure(s) that were excluded
- The Numerator and Denominator must be a whole number
- The Numerator should be less than or equal to the Denominator
- If not excluded, the EP must meet at least two of the thresholds for Measures 1-3
 - Measure 1 >50% threshold, N/D > 50%
 - Measure 2 >40% threshold, N/D > 40%
 - Measure 3 >80% threshold, N/D > 80%
- Responses to additional questions are required

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South Dakota Department of Social Services

NPI: 1234567800

Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

HomeLogout

CMS Registration Data

Meaningful Use Questionnaire

Meaningful Use Menu Options

Meaningful Use Measures

Public Health Measures

Clinical Quality Measures

Pre-Attestation Measure Summary

MU Specifications

View All Payment Years

Alternate Contact Info

Issues/Concerns

Document Upload

Additional Resources

E-mail SD PI Program

E-mail SD SLR Help Desk

SLR Provider Guides

Meaningful Use Objective 7 of 7

(*) Red asterisk indicates a required field.

Health Information Exchange

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

Measure: The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective.

Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:

- 1) Creates a summary of care record using CEHRT; and
- 2) Electronically exchanges the summary of care record.

Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:

- 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- 2) Medication allergy. Review of the patient's known medication allergies.
- 3) Current Problem list. Review of the patient's current and active diagnoses.

Complete the following:

* Patient Records: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.

☐ This data was extracted only from patient records maintained using certified EHR technology.

Exclusion 1: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period may exclude Measure 1.

* Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures 1 and 2.

* Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period may exclude the measures 2 and 3.

Do you want to claim Exclusion 3?

☐ Yes ☒ No

Measure 1 - Transition of Care

For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:

- 1) Creates a summary of care record using CEHRT; and
- 2) Electronically exchanges the summary of care record.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

Numerator: Denominator:

Measure 2 - Summary of Care

For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.

Denominator: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

Numerator: Denominator:

Measure 3 - Clinical Reconciliation

For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:

- 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- 2) Medication allergy. Review of the patient's known medication allergies.
- 3) Current Problem list. Review of the patient's current and active diagnoses.

Numerator: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

Denominator: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

Numerator: Denominator:

Previous

Next

Save

Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

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Objective 8- Public Health and Clinical Registry Reporting

EPs must report on a total of two (2) Public Health and Clinical Data Registry Measures to meet the Meaningful Use Objective 8. Exclusions cannot be used to count towards meeting the two (2) measures. This means that an EP would need to:

- Attest to TWO total Public Health and Clinical Data Registry Measures for which the EP can meet the measure successfully;
- EP may attest to active engagement with two Public Health Registries under Public Health and Clinical Data Registry Measure 8-4 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- EP may attest to active engagement with two Clinical Data Registries under Public Health and Clinical Data Registry Measure 8-5 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- Attest to all five (5) Public Health Measures, counting exclusions

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NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Meaningful Use Objective 8 of 8

Public Health and Clinical Data Registry Reporting:

The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Public Health and Clinical Data Registry Reporting Selection

EPs must report on a total of two (2) Public Health and Clinical Data Registry Measures to meet the Meaningful Use objective 8. Exclusions cannot be used to count towards meeting the two (2) measures. This means that an EP would need to:

- Attest to TWO total Public Health and Clinical Data Registry Measures for which the EP can meet the measure successfully.
- EP may attest to active engagement with two Public Health Registries under Public Health and Clinical Data Registry Measure 8-4 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- EP may attest to active engagement with two Clinical Data Registries under Public Health and Clinical Data Registry Measure 8-5 and satisfy the objective for Public Health and Clinical Data Registry Reporting; OR
- Attest to all five (5) Public Health Measures, counting exclusions

Please select the Public Health Measures for which you are attesting according to the following guidelines:

1. If you are attesting to meet two (2) Public Health and Clinical Data Registry Measures without claiming exclusion, you may select the two (2) total Public Health and Clinical Data Registry Measures from the list below.
2. If you are attesting to Public Health and Clinical Data Registry Measures 8-4 (Public Health Registry Reporting) and are reporting to at least two (2) different Public Health registries, you have the option of selecting just the Public Health and Clinical Data Registry Measures 8-4 from the list below.
3. If you are attesting to Public Health and Clinical Data Registry Measures 8-5 (Clinical Data Registry Reporting) and are reporting to at least two (2) different Clinical Data registries, you have the option of selecting just the Public Health and Clinical Data Registry Measures 8-5 from the list below.
4. If you cannot meet at least two (2) of the Public Health and Clinical Data Registry Measures below without claiming an exclusion then you must select all five (5) of the Public Health and Clinical Data Registry Measures below (or click the 'Select All' link below) and attest to either meeting the measure or the exclusion for all five (5) Public Health and Clinical Data Registry Measures.

Select All / De-Select All

Select	Public Health and Clinical Data Registry Measures
<input type="checkbox"/>	Measure 8 - 1 Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
<input type="checkbox"/>	Measure 8 - 2 Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.
<input type="checkbox"/>	Measure 8 - 3 Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.
<input type="checkbox"/>	Measure 8 - 4 Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.
<input type="checkbox"/>	Measure 8 - 5 Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

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Measure 8-1: Immunization Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)

Home Logout

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MLU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD PS Program
- E-mail SD SLR Help Desk
- SLR Provider Guides

(*) Red asterisk indicates a required field.

Immunization Registry Reporting

Measure B-1: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

"Active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.

*Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

*Do you want to claim Exclusion 3?

☐ Yes ☒ No

*Is the EP actively engaged with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)?

☒ Yes ☐ No

*Please indicate the active engagement option that best describes how you met the measure:

☐ **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☐ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

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Measure 8-2: Syndromic Surveillance Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)
Home Logout

- Child Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD EP Program
- E-mail SD SLR Help Desk
- SLR Provider Guides

(*) Red asterisk indicates a required field.

Syndromic Surveillance Reporting

Measure 8-2: The EP is in active engagement with a PHA to submit syndromic surveillance data.

Active engagement may be demonstrated by any of the following options:

- **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.

*Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

*Do you want to claim Exclusion 3?

☐ Yes ☒ No

*Is the EP actively engaged with a public health agency to submit syndromic surveillance data?

☒ Yes ☐ No

*Please indicate the active engagement option that best describes how you met the measure:

☐ **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☒ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

Measure 8-3: Electronic Case Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



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South Dakota Department of Social Services

NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)

Home Logout

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- NU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD PI Program
- Email SD SLR Help Desk
- SLR Provider Guides

(*) Red asterisk indicates a required field.

Electronic Case Reporting

Measure 8-3: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

"Active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.

*Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

*Do you want to claim Exclusion 3?

☐ Yes ☒ No

*Is the EP actively engaged with a public health agency to submit case reporting of reportable conditions?

☒ Yes ☐ No

*Please indicate the active engagement option that best describes how you met the measure:

☒ **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☐ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

Measure 8-4: Public Health Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure
- If the measure response is 'Yes', the EP must select the number of specialized registries to they are in active engagement with for reporting
- If the measure response is 'Yes', the EP must provide the name of the specialized registries for which they are reporting

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)

[Home](#) [Logout](#)

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD EP Program
- E-mail SD SLR Help Desk
- SLR Provider Guides

(*) Red asterisk indicates a required field.

Public Health Registry Reporting

Measure 8-4: The EP is in active engagement with a public health agency to submit data to public health registries.

Active engagement may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.

*Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP who operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

*Do you want to claim Exclusion 3?

☐ Yes ☒ No

*Is the EP actively engaged to submit data to public health registries?

☒ Yes ☐ No

*Please indicate the active engagement option that best describes how you met the measure:

☐ **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☒ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☐ **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many Public Health Registries to which you are actively engaged to submit data:

☐ 1

☒ 2

*Please list the names of the Public Health Registries to which you are actively engaged:

1.

2.

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

Measure 8-5: Clinical Data Registry Reporting

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required, and the EP should be allowed to save and continue to the next measure. The following details the other requirements of this screen:

- Exclusion response required
- If not excluded, then the response to the measure is required
- If the measure response is 'Yes', the EP must select how they met active engagement for the measure
- If the measure response is 'Yes', the EP must select the number of specialized registries to they are in active engagement with for reporting
- If the measure response is 'Yes', the EP must provide the name of the specialized registries for which they are reporting

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South Dakota Department of Social Services

NPI: 1234567800

Public Health Measures (Year 2 Attestation / Program Year 2020)

Home Logout

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- NU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD PI Program
- Email SD SLR Help Desk
- SLR Provider Guides

(*) Red asterisk indicates a required field.

Clinical Data Registry Reporting

Measure 8-5: The EP is in active engagement to submit data to a clinical data registry.

"Active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.

*Do you want to claim Exclusion 1?

☐ Yes ☒ No

Exclusion 2: Any EP who operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim Exclusion 2?

☐ Yes ☒ No

Exclusion 3: Any EP who operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

*Do you want to claim Exclusion 3?

☐ Yes ☒ No

*Is the EP actively engaged to submit data to clinical data registries?

☒ Yes ☐ No

*Please indicate the active engagement option that best describes how you met the measure:

☐ **Active Engagement Option 1 - Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

☐ **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

☒ **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many Clinical Data Registries to which you are actively engaged to submit data:

☐ 1 ☒ 2

*Please list the names of the Clinical Data Registries to which you are actively engaged:

1.

2.

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data


Cancel Button – Removes the data that has been entered by the EP

CQM Selection Screen

EPs attesting for any MU stage are required to report 6 of 47 CQMs using EHR technology that is certified to the 2015 standards and certification criteria. EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.

Please select 6 or more CQMs listed below using the following guidelines:

- Selection of a CQM reporting option is required
- If you select to report to at least one outcome measure, then your selection of at least 6 CQMs should contain at least one CQM from the outcome measure list
- If you select to report to at least one high priority measure, then your selection of at least 6 CQMs should contain at least one CQM from the high priority measure list
- If you select to report neither outcome nor high priority measures, then your selection of at least 6 CQMs should contain at least 6 CQM from the additional measure list
- If you do not have 6 CQMs to report with patient data, you may enter "0" for the CQMs for which you do not have patient data



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

[Home](#) [Logout](#)

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MLU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD PS Program
- E-mail SD SLR Help Desk
- SLR Provider Guides

Questionnaire

Instructions:
EPs attesting for any MU stage are required to report 6 of 47 CQMs using EHR technology that is certified to the 2015 standards and certification criteria. EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.

* Please choose a reporting option for the Clinical Quality Measures to be reported:

☐ I will report to at least one (1) outcome measure

☐ I will report to at least one (1) high priority measure instead of an outcome measure. None of the outcome measures are relevant to my scope of practice

☐ I will not report to any outcome or high priority measures. None of the outcome or high priority measures are relevant to my scope of practice.

* Please select at least 6 CQMs below as described by your selection:

[Select All](#) / [De-Select All](#)

Outcome – Clinical Quality Measures

Selection	ID Number	Title
<input type="checkbox"/>	CMS ID 75v8	Children Who Have Dental Decay or Cavities
<input type="checkbox"/>	CMS ID 122v8	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
<input type="checkbox"/>	CMS ID 133v8	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery
<input type="checkbox"/>	CMS ID 159v8	Depression Remission at Twelve Months
<input type="checkbox"/>	CMS ID 165v8	Controlling High Blood Pressure
<input type="checkbox"/>	CMS ID 771v1	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

High Priority – Clinical Quality Measures		
<input type="checkbox"/>	CMS ID 2v9	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
<input type="checkbox"/>	CMS ID 50v8	Closing the Referral Loop: Receipt of Specialist Report
<input type="checkbox"/>	CMS ID 56v8	Functional Status Assessment for Total Hip Replacement
<input type="checkbox"/>	CMS ID 66v8	Functional Status Assessment for Total Knee Replacement
<input type="checkbox"/>	CMS ID 68v9	Documentation of Current Medications in the Medical Record
<input type="checkbox"/>	CMS ID 90v9	Functional Status Assessments for Congestive Heart Failure
<input type="checkbox"/>	CMS ID 125v8	Breast Cancer Screening
<input type="checkbox"/>	CMS ID 128v8	Anti-Depressant Medication Management
<input type="checkbox"/>	CMS ID 129v9	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
<input type="checkbox"/>	CMS ID 136v9	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
<input type="checkbox"/>	CMS ID 137v8	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
<input type="checkbox"/>	CMS ID 139v8	Falls: Screening for Future Fall Risks
<input type="checkbox"/>	CMS ID 142v8	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<input type="checkbox"/>	CMS ID 146v8	Appropriate Testing for Children with Pharyngitis
<input type="checkbox"/>	CMS ID 153v8	Chlamydia Screening for Women
<input type="checkbox"/>	CMS ID 154v8	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
<input type="checkbox"/>	CMS ID 155v8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
<input type="checkbox"/>	CMS ID 156v8	Use of High-Risk Medications in the Elderly
<input type="checkbox"/>	CMS ID 157v8	Oncology: Medical and Radiation – Pain Intensity Quantified
<input type="checkbox"/>	CMS ID 177v8	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
<input type="checkbox"/>	CMS ID 249v2	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
Additional – Clinical Quality Measures		
<input type="checkbox"/>	CMS ID 22v8	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
<input type="checkbox"/>	CMS ID 69v8	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
<input type="checkbox"/>	CMS ID 74v9	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
<input type="checkbox"/>	CMS ID 117v8	Childhood Immunization Status
<input type="checkbox"/>	CMS ID 124v8	Cervical Cancer Screening
<input type="checkbox"/>	CMS ID 127v8	Pneumococcal Vaccination Status for Older Adults
<input type="checkbox"/>	CMS ID 130v8	Colorectal Cancer Screening
<input type="checkbox"/>	CMS ID 131v8	Diabetes: Eye Exam
<input type="checkbox"/>	CMS ID 134v8	Diabetes: Medical Attention for Nephropathy
<input type="checkbox"/>	CMS ID 135v8	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nephrilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input type="checkbox"/>	CMS ID 138v8	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
<input type="checkbox"/>	CMS ID 143v8	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
<input type="checkbox"/>	CMS ID 144v8	Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<input type="checkbox"/>	CMS ID 145v8	Coronary Artery Disease (CAD): Beta Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<input type="checkbox"/>	CMS ID 147v9	Preventive Care and Screening: Influenza Immunization
<input type="checkbox"/>	CMS ID 149v8	Dementia: Cognitive Assessment
<input type="checkbox"/>	CMS ID 161v8	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
<input type="checkbox"/>	CMS ID 347v3	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
<input type="checkbox"/>	CMS ID 349v2	HIV Screening
<input type="checkbox"/>	CMS ID 645v3	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Previous

Save & Continue

Navigation:

Previous Button – Takes the EP to the previous screen

Save & Continue Button – Saves the data entered and takes the EP to the next attestation screen

CMS ID 75v8: Children Who Have Dental Decay or Cavities

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Questionnaire 1 of 47

(*) Red asterisk indicates a required field.

CMS ID 75v8
Title: Children Who Have Dental Decay or Cavities
Description: Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

[Previous](#) [Next](#) [Save](#) [Cancel](#)

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 122v8: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 133v8: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 3 of 47

(*) Red asterisk indicates a required field.

CMS ID 133v8

Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataracts Surgery

Description: Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 159v8: Depression Remission at Twelve Months

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter exclusions: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 4 of 47

(*) Red asterisk indicates a required field.

CMS ID 159v8

Title: Depression Remission at Twelve Months

Description: The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Complete the following information:

Stratum 1: Patient ages 12-17 years

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

Stratum 2: Patient ages 18 and older

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 165v8: Controlling High Blood Pressure

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 8 of 47

(*) Red asterisk indicates a required field.

CMS ID 165v8

Title: Controlling High Blood Pressure

Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 771v1: International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 6 of 47

(*) Red asterisk indicates a required field.

CMS ID 771v1

Title: International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia

Description: Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptom Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusions:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 2v9: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 7 of 47

(*) Red asterisk indicates a required field.

CMS ID 2v9

Title: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusions: * Exceptions:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 50v8: Closing the Referral Loop: Receipt of Specialist Report

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Questionnaire 8 of 47

(*) Red asterisk indicates a required field.

CMS ID 50v8

Title: Closing the Referral Loop: Receipt of Specialist Report

Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 56v8: Functional Status Assessment for Total Hip Replacement

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 9 of 47

(*) Red asterisk indicates a required field.

CMS ID 56v8

Title: Functional Status Assessment for Total Hip Replacement

Description: Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 66v8: Functional Status Assessment for Total Knee Replacement

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

The screenshot shows the DSS (South Dakota Department of Social Services) interface. The header includes the DSS logo and the text "Strong Families - South Dakota's Foundation and Our Future". Below this, the user's NPI is displayed as 1234567800. The main title of the screen is "Clinical Quality Measures (Year 2 Attestation / Program Year 2020)". On the left, there is a navigation menu with links to various sections like CMS Registration Data, Meaningful Use Questionnaire, and Pre-Attestation Measure Summary. The main content area is titled "Questionnaire 10 of 47" and contains the following information:

- A note: "(*) Red asterisk indicates a required field."
- CMS ID 66v8
- Title: Functional Status Assessment for Total Knee Replacement
- Description: Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery.
- Complete the following information:

At the bottom of the form, there are four input fields with red asterisks indicating they are required:

- Numerator:
- Denominator:
- Performance Rate: %
- Exclusions:

Below the input fields, there are four buttons: "Previous", "Next", "Save", and "Cancel". At the very bottom of the screen, there is a footer for the "SD Medicaid PI Program" with a URL: <https://dss.sd.gov/medicaid/providers/incentiveprogram/>.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 68v9: Documentation of Current Medications in the Medical Record

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2020)' screen. The header includes the DSS logo and the text 'Strong Families - South Dakota's Foundation and Our Future' and 'South Dakota Department of Social Services'. The NPI is 1234567800. The left sidebar contains a navigation menu with items like 'CMS Registration Data', 'Meaningful Use Questionnaire', 'Public Health Measures', 'Clinical Quality Measures', 'Pre-Attestation Measure Summary', 'MU Specifications', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'E-mail SD PI Program', 'Email SD SLR Help Desk', and 'SLR Provider Guides'. The main content area is titled 'Questionnaire 11 of 47' and contains the following information:

(*) Red asterisk indicates a required field.

CMS ID 68v9

Title: Documentation of Current Medications in the Medical Record

Description: Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

At the bottom are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

The footer of the page reads: 'SD Medicaid PI Program' and 'https://dss.sd.gov/medicaid/providers/incentiveprogram/'.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 90v9: Functional Status Assessment for Congestive Heart Failure

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 12 of 47

(*) Red asterisk indicates a required field.

CMS ID 90v9

Title: Functional Status Assessments for Congestive Heart Failure

Description: Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 125v8: Breast Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

The screenshot shows the 'Questionnaire 13 of 47' for CMS ID 125v8, titled 'Breast Cancer Screening'. The description states: 'Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period.' The form requires completion of the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. The 'Previous' button is highlighted. The top of the screen shows the DSS logo and 'NPI: 1234567800'. The bottom of the screen shows the 'SD Medicaid PI Program' link.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 128v8: Anti-Depressant Medication Management

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 14 of 47

(*) Red asterisk indicates a required field.

CMS ID 128v8

Title: Anti-Depressant Medication Management

Description: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.
a) Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
b) Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 129v9: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 15 of 47

(*) Red asterisk indicates a required field.

CMS ID 129v9

Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 136v9: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 16 of 47

(*) Red asterisk indicates a required field.

CMS ID 136v9

Title: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported

a) Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.

b) Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 137v8: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Questionnaire 17 of 47

(*) Red asterisk indicates a required field.

CMS ID 137v8

Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Description: Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported.

a) Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.

b) Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.

Complete the following information:

Stratum 1: Patient ages 13-17

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Stratum 2: Patient ages >= 18

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Total Score

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 139v8: Falls: Screening for Future Fall Risks

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 18 of 47

(*) Red asterisk indicates a required field.

CMS ID 139v8

Title: Falls: Screening for Future Fall Risks

Description: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 142v8: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

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Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Questionnaire 19 of 47

(*) Red asterisk indicates a required field.

CMS ID 142v8

Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 146v8- Appropriate Testing for Children with Pharyngitis

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
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- Performance rate is entered as a whole number to reflect a percentage
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- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Questionnaire 20 of 47

(*) Red asterisk indicates a required field.

CMS ID 146v8

Title: Appropriate Testing for Children with Pharyngitis

Description: Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusions:

[Previous](#) [Next](#) [Save](#) [Cancel](#)

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 153v8: Chlamydia Screening for Women

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

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DSS
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South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 21 of 47

(*) Red asterisk indicates a required field.

CMS ID 153v8

Title: Chlamydia Screening for Women

Description: Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Complete the following information:

Stratum 1: Patient ages 16-20

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

Stratum 2: Patient ages 21-24

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Total Score

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 154v8: Appropriate Treatment for Children with Upper Respiratory Infections (URI)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Questionnaire 22 of 47

(*) Red asterisk indicates a required field.

CMS ID 154v8

Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

[Previous](#) [Next](#) [Save](#) [Cancel](#)

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 155v8: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Questionnaire 23 of 47

(*) Red asterisk indicates a required field.

CMS ID 155v8

Title: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Description: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported.

- Percentage of patient with height, weight, and body mass index (BMI) percentile documentation
- Percentage of patients with counseling for nutrition
- Percentage of patients with counseling for physical activity

Complete the following information:

Stratum 1: Patient ages 3-11

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3:

Stratum 2: Patient ages 12-17

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3:

Total Score

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 156v8: Use of High-Risk Medications in Elderly

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
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- Exclusions must be a whole number

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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 24 of 47

(*) Red asterisk indicates a required field.

CMS ID 156v8

Title: Use of High-Risk Medications in the Elderly

Description: Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported.
a) Percentage of patients who were ordered at least one high-risk medication.
b) Percentage of patients who were ordered at least two of the same high-risk medications.

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

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CMS ID 157v8: Oncology: Medical and Radiation – Pain Intensity Quantified

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Questionnaire 25 of 47

(*) Red asterisk indicates a required field.

CMS ID 157v8

Title: Oncology: Medical and Radiation - Pain Intensity Quantified

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

[Previous](#) [Next](#) [Save](#) [Cancel](#)

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/tecentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 177v8: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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- Please enter a denominator: 0 is acceptable if there is no measure population
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- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 26 of 47

(*) Red asterisk indicates a required field.

CMS ID 177v8

Title: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Description: Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 249v2: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the CQM reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2020)' screen. The header includes the DSS logo and 'Strong Families - South Dakota's Foundation and Our Future'. The NPI is 1234567800. The left sidebar lists various navigation options. The main content area is titled 'Questionnaire 27 of 47' and contains the following information:

(*) Red asterisk indicates a required field.

CMS ID 249v2

Title: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture

Description: Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

At the bottom, there are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. The footer includes 'SD Medicaid PI Program' and a URL.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 22v8: Preventive Care and Screening for High Blood Pressure and Follow-Up Documented

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
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- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Questionnaire 28 of 47

(*) Red asterisk indicates a required field.

CMS ID 22v8

Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Description: Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion: * Exception:

Previous Next Save Cancel

SD Medicaid PI Program

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 69v8: Preventive Care Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 29 of 47

(*) Red asterisk indicates a required field.

CMS ID 69v8

Title: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.

Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m²

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion: * Exception:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 74v9: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
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- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 30 of 47

(*) Red asterisk indicates a required field.

CMS ID 74v9

Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

Description: Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.

Complete the following information:

Population 1: Patient ages 0-5 years

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exclusion 1:

Population 2: Patient ages 6-12 years

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exclusion 2:

Population 3: Patient ages 13-20 years

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exclusion 3:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 117v8: Childhood Immunization Status

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 31 of 47

(*) Red asterisk indicates a required field.

CMS ID 117v8

Title: Childhood Immunization Status

Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

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CMS ID 124v8: Cervical Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
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- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

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Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 32 of 47

(*) Red asterisk indicates a required field.

CMS ID 124v8

Title: Cervical Cancer Screening

Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- * Women age 21-64 who had cervical cytology performed every 3 years
- * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers-to-central-program/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 127v8: Pneumococcal Vaccination Status for Older Adults

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 33 of 47

(*) Red asterisk indicates a required field.

CMS ID 127v8

Title: Pneumococcal Vaccination Status for Older Adults

Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/medicaidprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 130v8: Colorectal Cancer Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 34 of 47

(*) Red asterisk indicates a required field.

CMS ID 130v8

Title: Colorectal Cancer Screening

Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 131v8: Diabetes: Eye Exam

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Memo Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Comments
Document Upload
Additional Resources
E-mail SD PI Program
E-mail SD SLR Help Desk
SLR Provider Guides

Questionnaire 25 of 47

(*) Red asterisk indicates a required field.

CMS ID 131v8

Title: Diabetes: Eye Exam

Description: Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 134v8: Diabetes: Medical Attention for Nephropathy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Memo Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Comments
Document Upload
Additional Resources
E-mail SD PI Program
E-mail SD SLR Help Desk
SLR Provider Guides

Questionnaire 26 of 47

(*) Red asterisk indicates a required field.

CMS ID 134v8

Title: Diabetes: Medical Attention for Nephropathy

Description: The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 135v8: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Questionnaire 37 of 47

(*) Red asterisk indicates a required field.

CMS ID 135v8

Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 138v8: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
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- The numerator should be less than or equal to the denominator
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DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 38 of 47

(*) Red asterisk indicates a required field.

CMS ID 138v8

Title: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported:

a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months

b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention

c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Complete the following information:

* Numerator 1: * Denominator 1: * Performance Rate 1: % * Exception 1:

* Numerator 2: * Denominator 2: * Performance Rate 2: % * Exception 2:

* Numerator 3: * Denominator 3: * Performance Rate 3: % * Exception 3:

Previous Next Save Cancel

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 143v8: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
E-mail SD SLR Help Desk
SLR Provider Guides

Questionnaire 39 of 47

(*) Red asterisk indicates a required field.

CMS ID 143v8

Title: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 144v8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
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DSS
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South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 40 of 47

(*) Red asterisk indicates a required field.

CMS ID 144v8

Title: Heart Failure (HF): Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 145v8: Coronary Artery Disease (CAD): Beta Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 41 of 47

(*) Red asterisk indicates a required field.

CMS ID 145v8

Title: Coronary Artery Disease (CAD): Beta Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 147v9: Preventive Care and Screening: Influenza Immunization

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 42 of 47

(*) Red asterisk indicates a required field.

CMS ID 147v9

Title: Preventive Care and Screening: Influenza Immunization

Description: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 149v8: Dementia: Cognitive Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 43 of 47

(*) Red asterisk indicates a required field.

CMS ID 149v8

Title: Dementia: Cognitive Assessment

Description: Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 161v8: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage

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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020) Home Logout

Questionnaire 44 of 47

(*) Red asterisk indicates a required field.

CMS ID 161v8

Title: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Description: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: %

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

<https://tsdslr.healthtechsolutions.com/MUClinicalQualityMeasureHandler.aspx>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 347v3: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

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DSS
Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

Questionnaire 45 of 47

(*) Red asterisk indicates a required field.

CMS ID 347v3

Title: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Description: Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:
 * Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
 * Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR
 * Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion: * Exception:

Previous Next Save Cancel

SD Medicaid PI Program
https://dss.sd.gov/medicaid/providers/incentiveprogram/

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 349v2: HIV Screening

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exclusion: 0 is acceptable if that was reporting by the EHR technology
- Exclusions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

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Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Comments
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

Questionnaire 46 of 47

(*) Red asterisk indicates a required field.

CMS ID 349v2

Title: HIV Screening

Description: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV

Complete the following information:

* Numerator: * Denominator: * Performance Rate: % * Exclusion:

Previous Next Save Cancel

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

CMS ID 645v3: Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy

All fields must be entered to continue to the next measure screen. The responses entered must be reported from your certified EHR reporting for the EHR reporting period even if the report states zero. The following details the other requirements of this screen:

- Please enter a numerator: 0 is acceptable if that was reported by the EHR technology
- Numerator must be a whole number
- Please enter a denominator: 0 is acceptable if there is no measure population
- Denominator must be a whole number
- The numerator should be less than or equal to the denominator
- Please enter a performance rate: 0 is acceptable if that was reported by the EHR technology
- Performance rate is entered as a whole number to reflect a percentage
- Please enter an exception: 0 is acceptable if that was reporting by the EHR technology
- Exceptions must be a whole number

Please note that selecting 'Previous' prior to saving will result in the data on the current screen not being saved. However, if the user clicks on the 'Next' button without clicking on the 'Save' button the data entered on the screen will be saved.

The screenshot shows the 'Clinical Quality Measures (Year 2 Attestation / Program Year 2020)' screen for CMS ID 645v3. The header includes the DSS logo and 'Strong Families - South Dakota's Foundation and Our Future'. The NPI is 1234567800. The left sidebar contains navigation links such as 'CMS Registration Data', 'Meaningful Use Questionnaire', and 'Clinical Quality Measures'. The main content area is titled 'Questionnaire 47 of 47' and includes a red asterisk indicating a required field. The title is 'CMS ID 645v3: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy'. The description states: 'Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.' Below the description, there are four input fields: 'Numerator', 'Denominator', 'Performance Rate' (with a '%' symbol), and 'Exception'. Each field has a red asterisk indicating it is required. At the bottom, there are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'. The footer includes 'SD Medicaid PI Program' and a URL: 'https://dss.sd.gov/medicaid/provider/incentiveprogram/'.

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

Pre-Attestation Summary

Meaningful Use Measures Summary – Takes the EP to a summary screen of their entries for the MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Public Health Measures Summary – Takes the EP to a summary screen of their entries for the Menu MU Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

Clinical Quality Measures Summary – Takes the EP to a summary screen of their entries for the Clinical Quality Measures. This screen will allow them to edit any entry they have made prior to continuing with their attestation.

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South Dakota Department of Social Services

NPI: 1234567800

Summary of Measures (Year 2 Attestation / Program Year 2020) Home Logout

Summary of Measures

Please select the desired measure link below to review the details of your attestation. This is your last chance to view/edit the information you have entered before you attest. Please review your information as you will be unable to edit your information after you attest.

[Meaningful Use Measures Summary](#)

[Public Health Measures Summary](#)

[Clinical Quality Measures Summary](#)

Previous Next

SD Medicaid PI Program
<https://dss.sd.gov/medicaid/providers/incentiveprogram/>


Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Meaningful Use Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Summary of Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

Home Logout

CMS Registration Data

Meaningful Use Questionnaire

Meaningful Use Menu Options

Meaningful Use Measures

Public Health Measures

Clinical Quality Measures

Pre-Attestation Measure Summary

NU Specifications

View All Payment Years

Alternate Contact Info

Issues/Concerns

Document Upload

Additional Resources

E-mail SD PI Program

E-mail SD SLR Help Desk

SLR Provider Guides

Meaningful Use Measures List Table

To print this screen, select the "Print View" button at the bottom of the screen.

Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue.

Objective/Measure	Description	Data Entered	Action
Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.	Yes	Edit
Have you conducted or reviewed your security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implemented security updates as necessary, and corrected identified security deficiencies as part of the provider's risk management process per the requirements of this measure?			Edit
Generate and transmit permissible prescriptions electronically (eRx).	More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	Exclusion 2	Edit
Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1 - Clinical Decision Support Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Have you implemented five clinical decision support interventions related to four or more CQMs or other high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period? Measure 2 - Drug Interaction Checks The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	No Measure 2 Excluded 1	Edit
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective: Measure 1 - Medication More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. Measure 2 - Laboratory More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. Measure 3 - Diagnostic Imaging More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	Numerator = 1 Denominator = 1 Numerator = 1 Denominator = 1 Numerator = 1 Denominator = 1	Edit

<p>The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.</p>	<p>In order for EPs to meet the objective they must satisfy both of the following measures:</p>	<p>Exclusion 1</p>	<p>Edit</p>
<p>Use CEHRT to engage with patients or their authorized representatives about the patient's care.</p>	<p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective:</p>	<p>Exclusion 1</p>	<p>Edit</p>
<p>The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.</p>	<p>The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective.</p> <p>Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care:</p> <ol style="list-style-type: none"> 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record. <p>Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.</p> <p>Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:</p> <ol style="list-style-type: none"> 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. 2) Medication allergy. Review of the patient's known medication allergies. 3) Current Problem list. Review of the patient's current and active diagnoses. 	<p>Exclusion 1</p> <p>1</p> <p>Exclusion 2</p> <p>Exclusion 3</p> <p>3</p>	<p>Edit</p>

Previous Next Print View

Navigation:


Previous Button – Takes the EP to the previous screen

Next Button – Takes the EP to the next screen

Print View – Opens a printable view of the screen

Public Health Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Public Health Reporting Measure that was responded to by the EP during their attestation. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.



Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Summary of Meaningful Use Public Health Measures (Year 2 Attestation / Program Year 2020)

Home Logout

[CMS Registration Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Measures](#)
[Public Health Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[E-mail SD PI Program](#)
[Email SD SLR Help Desk](#)
[SLR Provider Guides](#)

Public Health Measure List Table

To print this screen, select the "Print View" button at the bottom of the screen.
Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue.

Object	Measure	Entered	Selection
Measure 8-1 Immunization Registry Reporting	<p>The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p>Is the EP actively engaged with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	<p>Yes</p> <p>Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.</p>	Edit
Measure 8-2 Syndromic Surveillance Reporting	<p>The EP is in active engagement with a PHA to submit syndromic surveillance data.</p> <p>Is the EP actively engaged with a public health agency to submit syndromic surveillance data?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	<p>Yes</p> <p>Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.</p>	Edit
Measure 8-3 Electronic Case Reporting	<p>The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.</p> <p>Is the EP actively engaged with a public health agency to submit case reporting of reportable conditions?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	<p>Yes</p> <p>Active Engagement Option 1 - Completed Registration to Submit Data: The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.</p>	Edit

Measure B-4 Public Health Registry Reporting	<p>The EP is in active engagement with a public health agency to submit data to public health registries.</p> <p>Is the EP actively engaged to submit data to public health registries?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p> <p>Please select how many Public Health Registries to which you are actively engaged to submit data:</p> <p>Please list the names of the Public Health Registries to which you are actively engaged:</p>	<p>Yes</p> <p>Active Engagement Option 2 - Testing and Validation: The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.</p>	Edit
Measure B-5 Clinical Data Registry Reporting	<p>The EP is in active engagement to submit data to a clinical data registry.</p> <p>Is the EP actively engaged to submit data to clinical data registries?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p> <p>Please select how many Clinical Data Registries to which you are actively engaged to submit data:</p> <p>Please list the names of the Clinical Data Registries to which you are actively engaged:</p>	<p>Yes</p> <p>Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.</p>	Edit

Previous Next Print View

Navigation:


Previous Button – Takes the EP to the previous screen

Next Button – Takes the EP to the next screen

Print View – Opens a printable view of the screen

Clinical Quality Measure Summary

This screen lists the objective, measure, and data entered by the EP for each Menu Meaningful Use Measure. The EP may click on 'Edit' on a measure row to return to that measure and update their entry until the attestation is submitted.



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NPI: 1234567800

Summary of Clinical Quality Measures (Year 2 Attestation / Program Year 2020)

[Home](#) [Logout](#)

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources
- E-mail SD PI Program
- E-mail SD SLR Help Desk
- SLR Provider Guides

To print this screen, select the "Print View" button at the bottom of the screen.
Please select the edit link next to the measure you wish to update. If you do not wish to edit your measures you may select next to continue .

Clinical Quality Measure List Table

Outcome – Clinical Quality Measures

ID Number	Title	Data Entered	Selection
CMS ID 75v8	Children Who Have Dental Decay or Cavities	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1	Edit
CMS ID 771v1	International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1	Edit

High Priority – Clinical Quality Measures

ID Number	Title	Data Entered	Selection
CMS ID 2v9	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1 Exception = 1	Edit
CMS ID 125v8	Breast Cancer Screening	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1	Edit

Additional – Clinical Quality Measures

ID Number	Title	Data Entered	Selection
CMS ID 69v8	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1 Exception = 1	Edit
CMS ID 124v8	Cervical Cancer Screening	Numerator = 1 Denominator = 1 Performance Rate = 1% Exclusion = 1	Edit

[Previous](#) [Next](#) [Print View](#)

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button –Takes the EP to the next screen

Print View – Opens a printable view of the screen

Documentation Upload

This page will allow the EP to attach documentation with their attestation.

Clicking on the 'Browse' button will allow the EP to search and select the documents they would like to attach.

Clicking on the 'Upload' button will attach and save the document relating to the current attestation payment year.

Only PDFs, Word, and Excel documents are compatible to be uploaded.

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Document Upload (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

[CMS Registration Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Measures](#)
[Public Health Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[E-mail SD PI Program](#)
[Email SD SLR Help Desk](#)
[SLR Provider Guides](#)

The Document Upload screen allows you to upload documentation (PDF, Word, or Excel files) to support your attestation. Should you have difficulty attaching a file, please e-mail the SD SLR Helpdesk. (There is a link for the SD SLR Helpdesk located in the left navigation links on this page.)

Documentation Uploads:

1. Eligible Hospitals and Eligible Professionals are encouraged to upload summary level patient volume documentation to validate the attestation of Medicaid patient volume.
2. Eligible Hospitals and Eligible Professionals are encouraged to upload a vendor letter or similar document supporting the use of an Certified Electronic Health Record Technology.
3. Eligible Professionals are encouraged to upload Meaningful Use Dashboards or Reports to support your attestation related to Meaning Use. Please note: If you are an Eligible Hospital that has successfully attested to meaningful use with the Medicare EHR Incentive Program for this participation year, you are "deemed" a meaningful user for purposes of the Medicaid EHR Incentive program and are not required to re-attest to meaningful use or upload this documentation.

Other Documentation Uploads:

South Dakota DSS staff or their designee may contact you after your attestation submission to request other documentation to support your attestation. Documentation uploaded with the attestation does not alleviate the provider from being requested to produce additional documentation that may be requested during a pre-payment review or post-payment audit. The provider must retain all documentation supporting the attestation for a minimum of 6 years from the provider's last participation year in the Program.

Payment Year	File Name	Description	Document Uploaded Date
No uploaded document found.			

Upload a new document: **(Word, Excel, or PDF)**

Please select the documentation type:

Navigation:

Previous Button – Takes the EP to the previous screen

Next Button – Saves the data entered and takes the EP to the next attestation screen

Demonstration of Meaningful Use

In order to comply with 42 CFR 495.40 that was added through the final rule for the new Medicare Quality Payment Program, EPs will attest to several additional statements in order to qualify for Meaningful Use.

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South Dakota Department of Social Services

NPI: 1234567800

Attestation Statements (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

Attestations for the Demonstration of Meaningful Use

In order to comply with 42 CFR 495.40 the provider must attest to the following statements for their demonstration of meaningful use criteria.

Please indicate your attestation of the following statements by checking the box below each statement for which you wish to attest.

1. Acknowledges the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received.
☐ I attest to statement 1
2. If requested, you will or have cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the EP in the field.
☐ I attest to statement 2
3. Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.
☐ I attest to statement 3
4. Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times, connected in accordance with applicable law.
☐ I attest to statement 4
5. Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times, compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170.
☐ I attest to statement 5
6. Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times, implemented in a manner that allowed for timely access by patients to their electronic health information.
☐ I attest to statement 6
7. Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times, implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300g(3)), including unaffiliated providers, and with disparate certified EHR technology and vendors.
☐ I attest to statement 7
8. Will or have responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300g(3)), and other persons, regardless of the requestor's affiliation or technology vendor.
☐ I attest to statement 8

The attestations questions and statements below are optional and will not impact the outcome of your attestation.

9. Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received.
☐ I attest to statement 9
10. If requested, will or have cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by the EP in the field.
☐ I attest to statement 10

[Previous](#) [Next](#) [Save](#) [Cancel](#)

Navigation:

Previous Button – Takes the EP to the previous screen


Next Button – Saves the data entered and takes the EP to the next attestation screen

Save Button – Saves the EP's data

Cancel Button – Removes the data that has been entered by the EP

Attestation Statement Screen

The EP must confirm they apply with the detailed attestation statement, then enter their initials and NPI, and the preparer initials and name in order to submit their attestation.



Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Attestation (Year 2 Attestation / Program Year 2020)

Home Logout

Please verify the following information:

CMS Registration Data:

Applicant National Provider Identifier (NPI):	1234567800	Name:	Test Doc
Applicant TIN:	111111111	Address 1:	1325 Test St
Payee National Provider Identifier (NPI):	1234567890	Address 2:	Suite 101
Payee TIN:	123456789	City/State:	Test / SD
Program Option:	MEDICAID	Zip Code:	57105-0000
Medicaid State:	SD	Phone Number:	5555555555
Payment Year:	2	Email:	amy@healthtechsolutions.com
Provider Type:	Physician	Specialty:	
Payee Medicaid ID:		Payee Name:	

My Certified Health IT Product List:

Product Name and Version #	Vendor Name	CHPL Product Number
Test	Test	Test

Provider Eligibility Details:

Patient Volume:	1.	Please indicate if you are using a clinic or group's patient volume as a proxy for your own (A group of healthcare practitioners organized as one legal entity under one TIN):	<input type="checkbox"/> No <input type="checkbox"/> Yes
	2A.	If yes, enter the TIN (FEIN) of the one legal entity:	0
	2B.	To ensure this is a valid TIN, enter an NPI associated with the entity's TIN:	0
	3.	(If attesting to Needy Individual patient volume) Do you practice predominantly in an FQHC or RHC?	
	4B.	Select the option that indicates the time period from which the 90-day patient volume period is derived:	Prior calendar year
	5.	Select the starting date of the 90-day period used to calculate patient volume percentage:	7/1/2018 (mm/dd/yy)
	6.	Medicaid (or Needy Individual, as applicable) patient encounters during this period:	50
	7.	total patient encounters during this period:	50
CEHRT details:	8.	Medicaid or Needy Individual patient volume percentage:	100.00%
	9.	Enter the CMS EHR Certification ID of your certified EHR technology.	0015HMS5MWV8REM
	10.	If you are a provider attesting to MU for the first time with the SD Medicaid Promoting Interoperability Program: In the text box, please enter a description of the commitment to CEHRT used for the MU EHR reporting period that includes, for each product name and version in the My CHPL table, a description of the evidence (invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.) and applicable date(s).	Test Description

	<p>If you are a provider returning to the S.D. Medicaid EHR Incentive Program to attest to MU: Please review information provided in your last program year's attestation.</p> <p>In the text box, describe any changes made to the CEHRT relative to this program year's MU attestation. Include for each new product listed in the My CHPL table a description of the commitment to the CEHRT, including product name and version, and evidence retained to support your description [invoice(s) and receipt(s) for payment/purchase agreement/license agreement, or binding contract, etc.] with applicable date(s).</p>	
	<p>11. Indicate the status of your EHR:</p> <p> <input type="radio"/> Adopt <input type="radio"/> Implement <input type="radio"/> Upgrade <input checked="" type="radio"/> Meaningful User </p>	

Provider Locations							
Address Line 1	Address Line 2	City	State	Zip Code	Zip Code Extension	CEHRT	Patient Volume
123 Test ave		test	SD	57105		True	True
456 Test Street		test	SD	57105		False	True

South Dakota requires that providers submit a signed Attestation Agreement certifying that all information entered by the provider, or on behalf of the provider, is accurate and complete. **No Medicaid Program Interoperability payment may be paid unless this registration form is completed and accepted as required by existing law and regulations:**

Use of Information and Disclosures:

ROUTINE USES: Information from SD Medicaid Promoting Interoperability Program registration form and subsequently submitted information and documents may be given to the Internal Revenue Service, private collection agencies and consumer reporting agencies in connection with recoupment of any overpayment made and to Congressional offices in response to inquiries made at the request of the government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the Medicaid Incentive Program.

ADDITIONAL USES: Information gleaned from submitted data may be used for reporting purposes as well as quality improvement programs.

DISCLOSURES: This program is voluntary and the failure to submit requested additional information will result in delay of payment or payment denial. There is no penalty for failure to submit additional needed information for payment purposes. However, failure to furnish subsequently requested information or documents may be reported immediately and The Patient Protection and Affordable Care Act, Section 540, Section 1128J, provides penalties for withholding this information.

Attestation Statements:

I understand that to qualify for an Promoting Interoperability payment, a Medicaid Eligible Professional must not be hospital-based, defined as any provider who furnishes 90 percent or more of their Medicaid services in the following two place of service (POS) codes for HIPAA standard transactions: 21 - Inpatient Hospital, 23 - Emergency Room; However, an EP who meets the definition of hospital-based EP but who can demonstrate to CMS that the EP funds the acquisition, implementation, and maintenance of Certified EHR Technology, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH, and uses such Certified EHR Technology in the inpatient or emergency department of a hospital (instead of the hospital's Certified EHR Technology), may be determined to be a non-hospital-based EP. I hereby certify that I am not hospital-based, and that this attestation can be supported by data from the year preceding this participation year. Also, if I have indicated reassignment of my incentive payment, I hereby certify that the reassignment is to an employer or entity with which I have a contractual arrangement, consistent with all rules governing reassignments including 42 CFR PART 424 SUBPART F. By requesting a reassignment of incentive payment, I understand that I am attesting that such reassignment is consistent with applicable Medicare laws, rules, and regulations, including, without limitation, those related to fraud, waste, and abuse.

The provider is voluntarily participating in the SD Promoting Interoperability Program, and the provider understands that anyone who misrepresents or falsifies essential information in order to receive payment from Federal funds under this program may, upon convictions, be subject to fine and imprisonment under applicable laws. The provider understands that the South Dakota Department of Social Services can elect to review, verify and/or audit all information provided or provided on the provider's behalf, both prior to payment being issued and after payment has been made. The provider understands that falsification of any information may result in the provider being declared ineligible to participate in the program and that any incentive payments found to have been made based on fraudulent information or attestation may be recouped by the state. The provider understands that the PI Program payments will be treated like all other income and are subject to Federal and State laws regarding income tax, wage garnishment, and debt recoupment.

The provider is attesting that any assignment of my incentive payment to someone else is made voluntarily and agrees that the provider's PI payment will be paid to the person/organization listed below. The provider understands that by assigning payment to someone else, the provider will not receive the incentive payment directly, but that the assigned payee will receive the payment on the provider's behalf. The provider hereby agrees to keep such records as are necessary to demonstrate that the provider has met all Medicaid PI Program requirements and to furnish those records to the DSS or a contractor working on their behalf. I certify that the foregoing information is true, accurate and complete.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the payment requested under the Medicaid PI Program will be paid from federal funds and that the use of false claims, statement or documents, or the concealment of a material fact used to obtain a Medicaid PI payment, may be prosecuted under applicable Federal or State criminal laws and may also subject to civil penalties.

☐ By checking this box, I, Doctor Test certify that I am the above named eligible professional and my electronic signature provided on this form is authentic and has the same validity and legally binding effect as signing the attestation form by hand ink.

All * fields are required fields.

*Initials:	<input type="text"/>
*NPI:	<input type="text"/>
*Prepare Initials	<input type="text"/>
*Prepare Name	<input type="text"/>

Note: Once you press the submit button below, your attestation will be locked.

Navigation:

Previous Button – Takes the EP to the previous screen

Submit – Saves the data entered and submits the attestation to DSS for review

Print – Opens a printable view of the screen

Successful Submission

Once successfully submitted, the following screen will display. At this point the EP can logout or select the 'Click here' icon to return to the home page.

The screenshot displays the user interface of the South Dakota Department of Social Services (DSS) EP User Manual. The header includes the DSS logo and the tagline "Strong Families – South Dakota's Foundation and Our Future". Below the header, the user's NPI is displayed as 1234567800. The main navigation bar shows the current page as "Attestation (Year 2 Attestation / Program Year 2020)" with links for "Home" and "Logout". A sidebar on the left lists various menu items, including "CMS Registration Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Measures", "Public Health Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "Post-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "E-mail SD PI Program", "Email SD SLR Help Desk", and "SLR Provider Guides". The main content area displays a success message: "Your SD Medicaid PI Program Attestation has been successfully submitted for review!". Below this message, it says "Please Click [here](#) to Continue."

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South Dakota Department of Social Services

NPI: 1234567800

Attestation (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Post-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources ▶
E-mail SD PI Program
Email SD SLR Help Desk ▶
SLR Provider Guides ▶

Your SD Medicaid PI Program Attestation has been successfully submitted for review!

Please Click [here](#) to Continue.

Post Attestation Summary

After submission, the link for the post attestation summary screens will become available in the left navigation menu. EPs can view a summary of all their measures through these screens.

The screenshot displays the DSS (South Dakota Department of Social Services) EP User Manual interface. The header includes the DSS logo and the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services". The user's NPI is 1234567800. The main navigation bar shows "Attestation (Year 2 Attestation / Program Year 2020)" with "Home" and "Logout" links. The left sidebar lists various menu items, including "CMS Registration Data", "Meaningful Use Questionnaire", "Meaningful Use Menu Options", "Meaningful Use Measures", "Public Health Measures", "Clinical Quality Measures", "Pre-Attestation Measure Summary", "Post-Attestation Measure Summary", "MU Specifications", "View All Payment Years", "Alternate Contact Info", "Issues/Concerns", "Document Upload", "Additional Resources", "E-mail SD PI Program", "Email SD SLR Help Desk", and "SLR Provider Guides". The main content area displays the message "Your attestation has been accepted." and "All measures and their corresponding calculation have met compliance. Please select the desired measure link below to view the details of your submitted measures." Below this message are three links: "Meaningful Use Measures Summary", "Public Health Measures Summary", and "Clinical Quality Measures Summary".

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South Dakota Department of Social Services

NPI: 1234567800

Attestation (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
Post-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources ▶
E-mail SD PI Program
Email SD SLR Help Desk ▶
SLR Provider Guides ▶

Your attestation has been accepted.

All measures and their corresponding calculation have met compliance. Please select the desired measure link below to view the details of your submitted measures.

[Meaningful Use Measures Summary](#)

[Public Health Measures Summary](#)

[Clinical Quality Measures Summary](#)

Meaningful Use Measure Summary-Post Attestation

The summary of measures for the Core MU Measures is read only and contains columns for the following information:

- Object – gives the object of the measure
- Measure – gives the detail measure information
- Entered – gives the data entered by the EP
- Accepted/Rejected – indicates if the measure was Accepted or Rejected

NPI: 1234567800

Summary of Meaningful Use Measures (Year 2 Attestation / Program Year 2020)
Home Logout

CMS Registration Data

Meaningful Use Questionnaire

Meaningful Use Menu Options

Meaningful Use Measures

Public Health Measures

Clinical Quality Measures

Pre-Attestation Measure Summary

Post-Attestation Measure Summary

MU Specifications

View All Payment Years

Alternate Contact Info

Issues/Concerns

Document Upload

Additional Resources

E-mail SD PR Program

Email SD SLR Help Desk

SLR Provider Guides

Meaningful Use Measures List Table

Object	Measure	Entered	Status										
Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.	<p>Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.</p> <p>Have you conducted or reviewed your security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implemented security updates as necessary, and corrected identified security deficiencies as part of the provider's risk management process per the requirements of this measure?</p>	Yes	Accepted										
Generate and transmit permissible prescriptions electronically (eRx).	<p>More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p>	Exclusion 2	Accepted										
Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	<p>In order for EPs to meet the objective they must satisfy both of the following measures:</p> <p>Measure 1 - Clinical Decision Support</p> <p>Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Have you implemented five clinical decision support interventions related to four or more CQMs or other high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period?</p> <p>Provide a brief description of the five clinical decision support interventions you implemented below:</p> <p>Measure 2 - Drug Interaction Checks</p> <p>The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p> <p>Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?</p>	<p>Yes</p> <table> <tr><td>1.</td><td>1</td></tr> <tr><td>2.</td><td>2</td></tr> <tr><td>3.</td><td>3</td></tr> <tr><td>4.</td><td>4</td></tr> <tr><td>5.</td><td>5</td></tr> </table> <p>Yes</p>	1.	1	2.	2	3.	3	4.	4	5.	5	Accepted
1.	1												
2.	2												
3.	3												
4.	4												
5.	5												
Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	<p>An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:</p> <p>Measure 1 - Medication</p> <p>More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 2 - Laboratory</p> <p>More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Numerator = 61</p> <p>Denominator = 100</p> <p>Numerator = 62</p> <p>Denominator = 100</p> <p>Numerator = 63</p> <p>Denominator = 100</p>	Accepted										

The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	<p>Measure 3 - Diagnostic Imaging More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>In order for EPs to meet the objective they must satisfy both of the following measures: Measure 1 - Provide timely online access to health information: For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.</p> <p>Measure 2 - Patient-Specific Education: The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.</p>	<p>Numerator = 81 Denominator = 100</p> <p>Numerator = 36 Denominator = 100</p>	Accepted
Use CEHRT to engage with patients or their authorized representatives about the patient's care.	<p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective: Measure 1 - Patient Accessed Health Information: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either - (1) View, download, or transmit to a third party their health information; or (2) Access their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the EP's CEHRT; or (3) A combination of (1) and (2).</p> <p>Measure 2 - Secure Electronic Messaging: For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.</p> <p>Measure 3 - Secure Electronic Messaging: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.</p>	<p>Numerator = 6 Denominator = 100</p> <p>Numerator = 5 Denominator = 100</p> <p>Numerator = 6 Denominator = 100</p>	Accepted
The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.	<p>The EP must attest to all three of the following measures and must meet the thresholds for at least two measures to meet the objective.</p> <p>Measure 1 - For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: 1) Creates a summary of care record using CEHRT; and 2) Electronically exchanges the summary of care record.</p> <p>Measure 2 - For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.</p> <p>Measure 3 - For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: 1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. 2) Medication allergy. Review of the patient's known medication allergies. 3) Current Problem list. Review of the patient's current and active diagnoses.</p>	<p>Numerator = 51 Denominator = 100</p> <p>Numerator = 40 Denominator = 100</p> <p>Numerator = 81 Denominator = 100</p>	Accepted

[Return to Menu](#)

Navigation:

Return to Menu – Takes the EP to the Post Attestation Summary Menu

Public Health Measure Summary- Post Attestation

The summary of measures for the Public Health Reporting Measures is read only and contains columns for the following information:

- Object – gives the object of the measure
- Measure – gives the detail measure information
- Entered – gives the data entered by the EP
- Accepted/Rejected – indicates if the measure was Accepted or Rejected


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 South Dakota Department of Social Services

NPI: 1234567800

Summary of Meaningful Use Measures (Year 2 Attestation / Program Year 2020) Home Logout

CMS Registration Data
 Meaningful Use Questionnaire
 Meaningful Use Menu Options
 Meaningful Use Measures
 Public Health Measures
 Clinical Quality Measures
 Pre-Attestation Measure Summary
 Post-Attestation Measure Summary
 MU Specifications
 View All Payment Years
 Alternate Contact Info
 Issues/Concerns
 Document Upload
 Additional Resources
 E-mail SD PI Program
 Email SD SLR Help Desk
 SLR Provider Guides

Summary of Public Health Measures

Object	Measure	Entered	Status
Measure 8-1 Immunization Registry Reporting	<p>The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p>Is the EP actively engaged with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Accepted
Measure 8-2 Syndromic Surveillance Reporting	<p>The EP is in active engagement with a PHA to submit syndromic surveillance data.</p> <p>Is the EP actively engaged with a public health agency to submit syndromic surveillance data?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	Yes Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.	Accepted

Measure 8-3 Electronic Case Reporting	<p>The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.</p> <p>Is the EP actively engaged with a public health agency to submit case reporting of reportable conditions?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p>	<p>Yes</p> <p>Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.</p>	Accepted
Measure 8-4 Public Health Registry Reporting	<p>The EP is in active engagement with a public health agency to submit data to public health registries.</p> <p>Is the EP actively engaged to submit data to public health registries?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p> <p>Please select how many Public Health Registries to which you are actively engaged to submit data:</p> <p>Please list the names of the Public Health Registries to which you are actively engaged:</p>	<p>Yes</p> <p>Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.</p> <p>2</p> <p>1. 1</p> <p>2. 2</p>	Accepted
Measure 8-5 Clinical Data Registry Reporting	<p>The EP is in active engagement to submit data to a clinical data registry.</p> <p>Is the EP actively engaged to submit data to clinical data registries?</p> <p>Please indicate the active engagement option that best describes how you met the measure:</p> <p>Please select how many Clinical Data Registries to which you are actively engaged to submit data:</p> <p>Please list the names of the Clinical Data Registries to which you are actively engaged:</p>	<p>Yes</p> <p>Active Engagement Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.</p> <p>2</p> <p>1. 1</p> <p>2. 2</p>	Accepted

[Return to Menu](#)

Navigation:

Return to Menu – Takes the EP to the Post Attestation Summary Menu

Clinical Quality Measure Summary

The summary of measures for the Clinical Quality Measures is read only and contains columns for the following information:

- ID Number – gives the title of the measure
- Title – gives the detail measure information
- Status – indicates if the measure was Accepted or Rejected

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NPI: 1234567800

Summary of Meaningful Use Measures (Year 2 Attestation / Program Year 2020)

Summary Of Clinical Quality Measures

Outcome - Clinical Quality Measures

ID Number	Title	Status
CMS ID 75v7	Children Who Have Dental Decay or Cavities	Accepted
CMS ID 165v7	Controlling High Blood Pressure	Accepted

High Priority - Clinical Quality Measures

ID Number	Title	Status
CMS ID 125v7	Breast Cancer Screening	Accepted

Additional - Clinical Quality Measures

ID Number	Title	Status
CMS ID 69v7	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Accepted
CMS ID 82v6	Maternal Depression Screening	Accepted
CMS ID 117v7	Childhood Immunization Status	Accepted

[Return to Menu](#)


Navigation:

Return to Menu – Takes the EP to the Post Attestation Summary Menu

View All Payment Years

The View All Payment Years screen is accessed by a link that is located on the left navigation menu. This screen is read only and will display all payment and/or adjustments that have been recorded in the SD SLR application.

If an EP was previously paid for the Promoting Interoperability Program, prior to the implementation of SD SLR, then the payment will not display.

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South Dakota Department of Social Services

NPI: 1234567800

Payments (Year 2 Attestation / Program Year 2020)HomeLogout

- CMS Registration Data
- Meaningful Use Questionnaire
- Meaningful Use Menu Options
- Meaningful Use Measures
- Public Health Measures
- Clinical Quality Measures
- Pre-Attestation Measure Summary
- MU Specifications
- View All Payment Years
- Alternate Contact Info
- Issues/Concerns
- Document Upload
- Additional Resources ▶
- E-mail SD PI Program
- Email SD SLR Help Desk ▶
- SLR Provider Guides ▶

Payments Details:

Payment Year	Program Year	Payee Name	Payee NPI	Payment Amount	Payment Date	Payment Type
1	2014	AZ	1234567890	21250.00	01/25/2016	Transfer - AZ

Alternate Contact Information

The Alternate Contact Information link can be accessed through the left navigation menu. By selecting this link, EPs can enter in additional contact information for reference concerning their attestation. The alternative contact information can be viewed in the internal application by SD SLR staff as well.

DSS
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South Dakota Department of Social Services

NPI: 1234567800

(Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

First Name	Last Name	Address 1	Address 2	City	State	Zip	Phone	Email	CC Email
No alternate contact found.									

Alternate Contact Info

First Name * Last Name *

Address 1

Address 2

Phone Email

City State

Zip

☐ Click here to send provider emails to this contact as well.
PLEASE NOTE: These emails may contain sensitive information about the provider.

Issues and Concerns

The Issues and Concerns link is located on the left navigation menu and is a screen where EPs can communicate information with SD SLR staff concerning their attestation details.

The screenshot shows a web application interface for the South Dakota Department of Social Services (DSS). The header includes the DSS logo and tagline 'Strong Families - South Dakota's Foundation and Our Future'. Below the header, the user's NPI is displayed as 1234567800. The main title of the page is 'Issues/Concerns (Year 2 Attestation / Program Year 2020)'. On the left, there is a navigation menu with links to various services. The main content area contains a message about reporting issues with incentive payment applications, a table with no data, and a form to enter an issue or concern. The form includes a dropdown for 'Issue Category' and a text area for 'Description', with a 'Submit' button.

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South Dakota Department of Social Services

NPI: 1234567800

Issues/Concerns (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources ▶
E-mail SD PI Program
E-mail SD SLR Help Desk ▶
SLR Provider Guides ▶

If you have any issue with the determination of your incentive payment application including but not limited to Eligibility, Patient Volume or Payment Amount, you can notify us using the form below. Please be further advised that you also have access to a formal appeal process.

View Issue	Date Entered	Issue/Concern Status	Issue/Concern Description	Issue Category
No issues found				

Enter the Issue/Concern below:

Issue Category: --Select the category below-- ▼

Description:

Documentation Upload

The Documentation Upload link can be located on the left navigation menu. This link will display a screen where EPs can view and upload supporting documentation for their attestation.

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South Dakota Department of Social Services

NPI: 1234567800

Document Upload [Home](#) [Logout](#)

The Document Upload screen allows you to upload documentation (PDF, Word, or Excel files) to support your attestation. Should you have difficulty attaching a file, please e-mail the SD SLR Helpdesk. (There is a link for the SD SLR Helpdesk located in the left navigation links on this page.)

Documentation Uploads:

1. Eligible Hospitals and Eligible Professionals are encouraged to upload summary level patient volume documentation to validate the attestation of Medicaid patient volume.
2. Eligible Hospitals and Eligible Professionals are encouraged to upload a vendor letter or similar document supporting the use of an Certified Electronic Health Record Technology.
3. Eligible Professionals are encouraged to upload Meaningful Use Dashboards or Reports to support your attestation related to Meaning Use. Please note: If you are an Eligible Hospital that has successfully attested to meaningful use with the Medicare EHR Incentive Program for this participation year, you are "deemed" a meaningful user for purposes of the Medicaid EHR Incentive program and are not required to re-attest to meaningful use or upload this documentation.

Other Documentation Uploads:

South Dakota DSS staff or their designee may contact you after your attestation submission to request other documentation to support your attestation. Documentation uploaded with the attestation does not alleviate the provider from being requested to produce additional documentation that may be requested during a pre-payment review or post-payment audit. The provider must retain all documentation supporting the attestation for a minimum of 6 years from the provider's last participation year in the Program.

Select Payment Year associated with document upload: [View All Payment Years](#)

Payment Year	File Name	Description	Document Uploaded Date
No uploaded document found.			

Upload a new document: **(Word, Excel, or PDF)**

Please select the documentation type:

Additional Resources

The Additional Resources link can be accessed in the left navigation menu. This link presents hyperlinks for EPs to reference additional resources and sites for their references. EPs will have the ability to navigate to DSS Medicaid EHR Site, CMS EHR Site, or the ONC CHPL Site.

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South Dakota Department of Social Services

NPI: 1234567800

Document Upload [Home](#) [Logout](#)

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South Dakota DSS staff or their designee may contact you after your attestation submission to request other documentation to support your attestation. Documentation uploaded with the attestation does not alleviate the provider from being requested to produce additional documentation that may be requested during a pre- payment review or post-payment audit. The provider must submit documentation supporting the attestation for a minimum of 6 years from the provider's last participation year in the Program.

Payment Year associated with document upload: [View All Payment Years](#)

Payment Year	File Name	Description	Document Uploaded Date
No uploaded document found.			

Upload a new document: **(Word, Excel, or PDF)**

Please select the documentation type:

Email to the Promoting Interoperability Program

This link provides a direct email to pop-up to the DSS Promoting Interoperability Program, SDSLR@SD.gov. All questions concerning program-based questions and policies should be directed to DSS Promoting Interoperability Staff.

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Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Issues/Concerns (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

[CMS Registration Data](#)
[Meaningful Use Questionnaire](#)
[Meaningful Use Menu Options](#)
[Meaningful Use Measures](#)
[Public Health Measures](#)
[Clinical Quality Measures](#)
[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
[Document Upload](#)
[Additional Resources](#)
[E-mail SD PI Program](#)
[Email SD SLR Help Desk](#)
[SLR Provider Guides](#)

If you have any issue with the determination of your incentive payment application including but not limited to Eligibility, Patient Volume or Payment Amount, you can notify us using the form below. Please be further advised that you also have access to a formal appeal process.

View Issue	Date Entered	Issue/Concern Status	Issue/Concern Description	Issue Category
No issues found				

Enter the Issue/Concern below:

Issue Category:

Description:

Contact SD SLR Help Desk

This link provides email contact information concerning the SD SLR application. Only questions concerning system functionality should be directed to this help desk. In the instance policies and program questions are submitted to the help desk, they will be forwarded on to DSS.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

NPI: 1234567800

Issues/Concerns (Year 2 Attestation / Program Year 2020) [Home](#) [Logout](#)

CMS Registration Data
Meaningful Use Questionnaire
Meaningful Use Menu Options
Meaningful Use Measures
Public Health Measures
Clinical Quality Measures
Pre-Attestation Measure Summary
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
E-mail SD PI Program
Email SD SLR Help Desk
SLR Provider Guides

If you have any issue with the determination of your incentive payment application including but not limited to Eligibility, Patient Volume or Payment Amount, you can notify us using the form below. Please be further advised that you also have access to a formal appeal process.

View Issue	Date Entered	Issue/Concern Status	Issue/Concern Description	Issue Category
No issues found				

Enter the Issue/Concern below:

Issue Category: --Select the category below--

Description:

Submit

SLR Provider Guides

The SLR Provider Guides link is located on the left navigation menu. The Manual link will give the provider quick access to the User Manuals from their Attestation. By clicking on the link, a new window will open in the internet browser and will display the User Manual that the provider can review, as necessary.

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[Pre-Attestation Measure Summary](#)
[MU Specifications](#)
[View All Payment Years](#)
[Alternate Contact Info](#)
[Issues/Concerns](#)
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